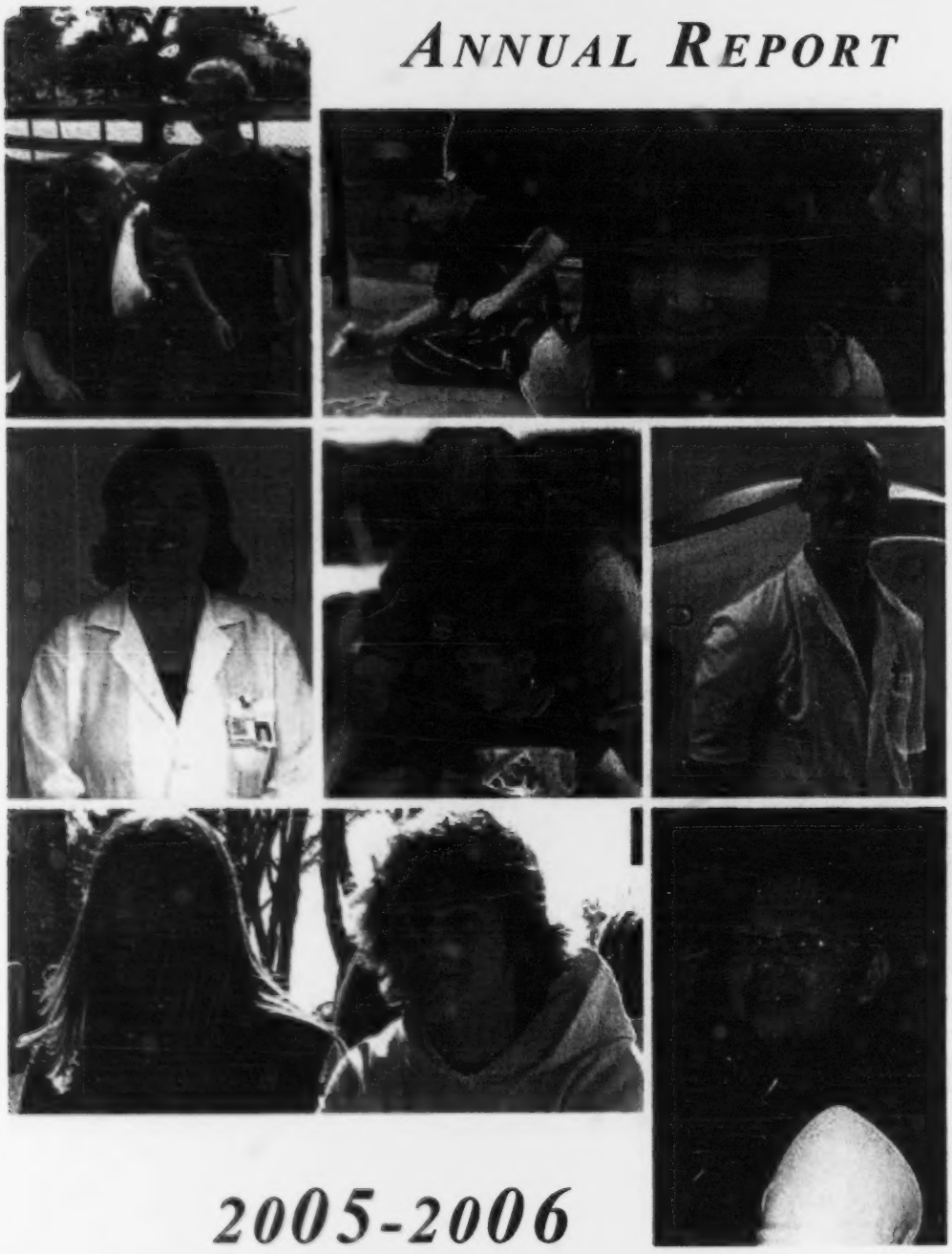
Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

ANNUAL REPORT



2005-2006

As the underlying set of core beliefs, our core values help to define our organization, guide our behaviour, underpin operational activity and shape the strategies we will pursue in the face of various challenges and opportunities. Influencing what we do, why we do it, and how we do it, they converge together to create the very fabric of the Regional Health Authority – Central Manitoba Inc. When placed in relationship to each other, our fundamental values of integrity, caring and excellence produce an unfolding of many other virtues or attributes.

integrity,
caring,
excellence.

intégrité,
compassion,
excellence.

À titre d'ensemble sous-jacent de croyances de base, nos valeurs nous aident à définir notre organisme et à orienter les stratégies que nous déployons pour relever divers défis et profiter des possibilités offertes. En ayant une influence sur nos activités, sur la justification et sur la manière dont nous les entreprenons, nos valeurs fondamentales convergent pour réaliser l'essence de l'Office régional de la santé du Centre du Manitoba inc. Lorsqu'elles sont liées entre elles, nos valeurs fondamentales d'intégrité, de compassion et d'excellence produisent de nombreuses autres qualités et vertus.

The Regional Health Authority – Central Manitoba Inc.
exists so that people in our Region are as healthy as
they can be at a reasonable cost to the community.

L'Office régional de la santé du Centre du Manitoba inc.
vise à améliore au maximum la santé de la population
à un coût raisonnable pour la communauté.

Inspiration . . .

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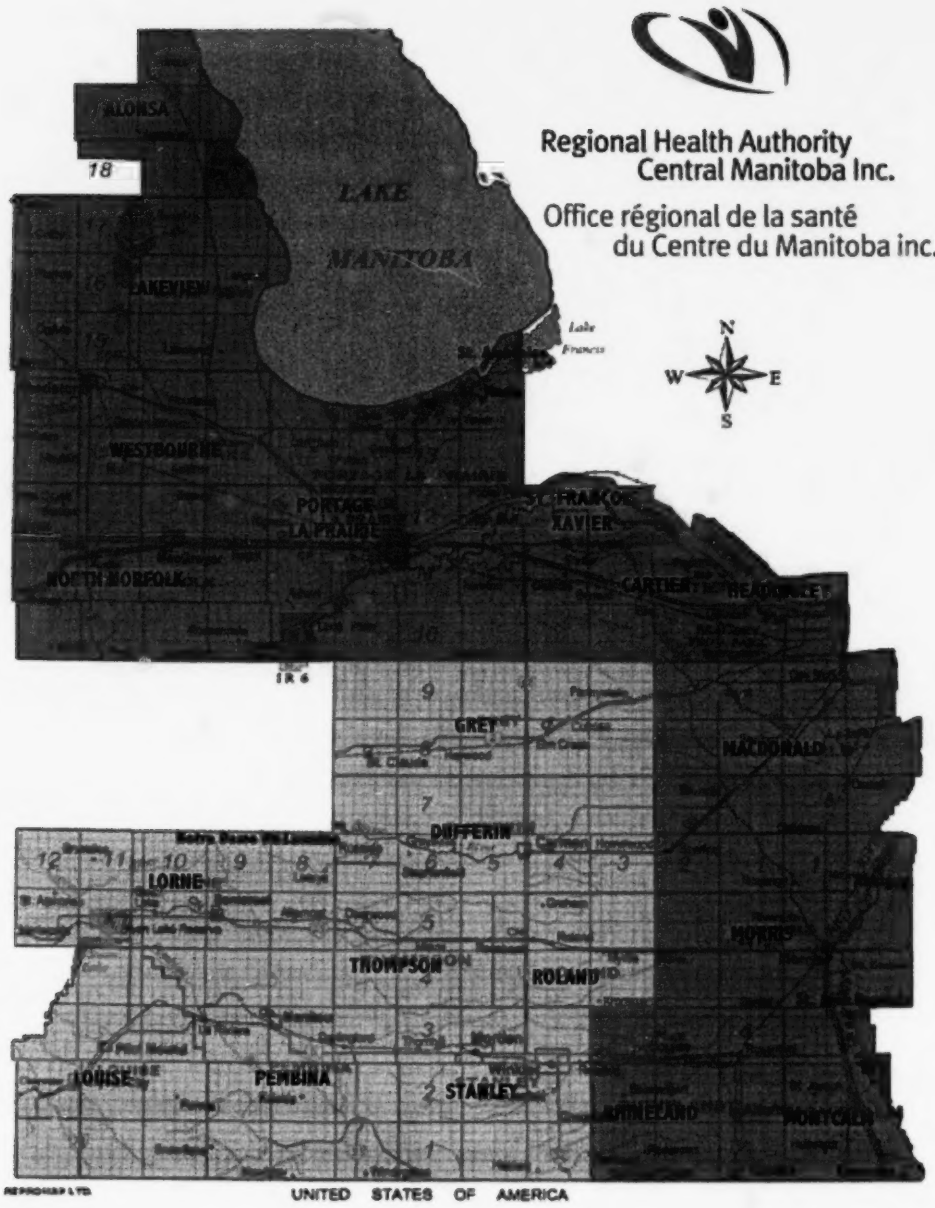
An abridged copy of this report is available in French upon request from the Regional Health Authority – Central Manitoba Inc.

La version française (abrégée) du rapport annuel est disponible sur demande au bureau de l'Office régional de la santé du Centre du Manitoba inc.



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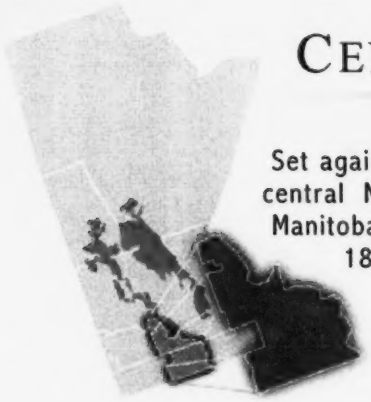


CENTRAL REGION

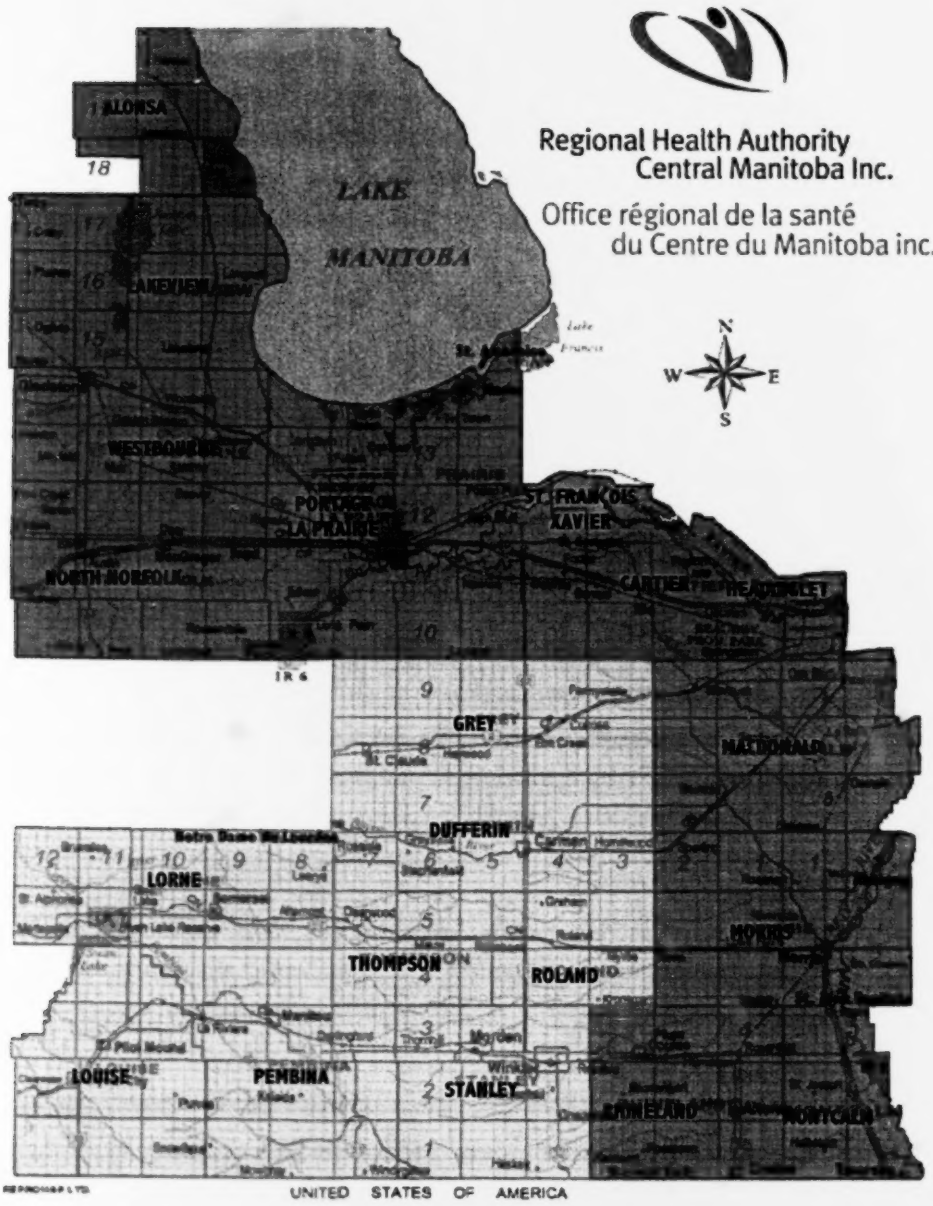
Set against a backdrop of rolling hills and rivers in southern central Manitoba, the Regional Health Authority – Central Manitoba Inc. *(RHA Central or Central Region)* extends over 18,500 square kilometres from the western edge of the Pembina Valley to the Red River in the East. It expands from Lake Manitoba in the North to the International border in the South with the Trans Canada Highway crossing it horizontally.

The most recent population estimate available for the Central Region from Manitoba Health is for June of 2001 and it indicates that the population was 98,271. RHA Central has the largest population of all the rural and northern RHA's and is second only to Winnipeg in population.

The population of the Central Region has changed more than the population of Manitoba overall. The population of RHA Central increased 2.6% between the 1996 and 2001 Census while in the province overall, the population increased just 0.5%. According to the Manitoba Health Regions Population Projections (1998-2025) document prepared by the Manitoba Bureau of Statistics in 1999, the population of Central Region is expected to increase by a total of 14.5% between 1998 and 2025.

According to the 2001 Census, the median age of the RHA Central population was 35.0, just slightly younger than 36.8 years old for the province. For males born in 1998, life expectancy was 75.7 and, for females, it was 80.7. (Manitoba Bureau of Statistics, Population Projections document).

RHA Central has a fairly diverse population in terms of languages. Over one quarter (27.2%) of RHA Central residents indicated that their first language (and still understood) was a language other than English or French. This is higher than the provincial rate of 21 per cent of residents.


Regional Health Authority
Central Manitoba Inc.
Office régional de la santé
du Centre du Manitoba inc.
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LAKEVIEW
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PORTAGE LA PRAIRIE
ST. FRANCOIS XAVIER
NORTH NORFOLK
CARTIER
HEADINGLEY
GREY
DUFFERIN
MACDONALD
LORNE
THOMPSON
ROLAND
MORRIS
LOUISE
PEMBINA
STANLEY
RHINELAND
MONTCALM
UNITED STATES OF AMERICA

CENTRAL REGION

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BOARD OF DIRECTORS

JOHN KRAHN, Chair
(Winkler)

GÉRALD LEMOULLEC, Vice-Chair
(Notre Dame de Lourdes)
Term ended March/06

CÉLINE BEAUDETTE
(St. Jean Baptiste)

KELLY BEAULIEU
(Portage la Prairie)
Term ended March/06

ERIC CAMERON
(Swan Lake)

RALPH CIBULA
(Gladstone)

TED FRANSEN
(Morden)

CONNIE GRETSINGER
(Portage la Prairie)

ROGER KIROUAC
(La Salle)

JEANNIE MARION
(Morris)

BOB MCKENZIE
(Carman)

JOANNE ROULETTE
(Marius)

ALBERT SCHMIDT
(Altona)

DAREN VANDENBUSSCHE
(Portage la Prairie)

NORBERT DELAQUIS, (Notre Dame de Lourdes)
Appointed March/06

DISTRICT HEALTH ADVISORY COUNCIL

TRAVIS LONG, **CHAIR**	Manitou
MARGE FRIESEN, **VICE-CHAIR**	Altona
ANDRE DACQUAY	Notre Dame de Lourdes
MARJ HEINRICHS	Rosenort
LYNN KAUPPILA	Elie
CAROLYN KOSTAL	Headingley
CHERYL MCKITRICK	Crystal City
MABEL MCKNIGHT	Roland
THOMAS MUIR	Portage la Prairie
LAWRENCE POW	Emerson
LESLIE TITCHKOSKY	Morden
JACK WIEBE	Winkler

MEDICAL ADVISORY COMMITTEE

The Chiefs of Staff from each medical group meet together regularly to monitor reports and to provide direction about medical practice issues, be the standards, pharmacy and therapeutics, diagnostics, medical staff by-laws or reviewing credentials and recommending privileges to the Board.

DR. DENIS FORTIER, **CHAIR**
DR. EVA BERMAN WONG
DR. HAROLD BOOY
DR. SHELLEY BUCHAN
DR. MICHAEL DYCK
DR. DAVID KINNEAR
DR. ROBERT KRUK
DR. OCKIE PERSSON
DR. ANN LOEWEN
DR. DAN GERBER

Dr. Denis Fortier
Regional Chief of Staff

John Krahn
Chairperson

Honourable Tim Sale
Minister of Health

Dear Minister Sale:

I am pleased to present the Annual Report of the Regional Health Authority – Central Manitoba Inc. (RHA Central) for the fiscal year ended March 31, 2006. The document was prepared under the direction of the Board of Directors in accordance with the Regional Health Authorities Act and directions provided by the Minister of Health. All material, economic and fiscal implications known as of August 23, 2006 have been considered in preparing the Annual Report.

While being accountable to the public, the Board is **inspired** by a fundamental commitment to act on behalf of the people of Central Region. To this end, it has organized many opportunities to meet with and listen to various segments of the community in the last few years. In 2003, an overall statement of purpose was articulated from the collection of ideas, intentions, and aspirations received.

Since then, the Board has continued to expand on this statement by providing additional elements detailing the kind of future the organization is to create. While attention initially focused on addressing specific health outcomes, the Board, in 2005-06, organized focus groups throughout the Region to encourage dialogue on what "at a reasonable cost" means. Today's real challenge for health care boards is to make decisions about *which results are worth what cost.* Thirteen focus groups were held with 89 participants. The key issues that emerged included what 'cost' meant to participants on a personal level as opposed to the financial cost to the RHA Central as well as the need for clear and direct communication. There was consensus on many items with questions arising on many more.

In addition to the focus groups, a Board workshop was undertaken in April, 2006 to review and reflect on the information received from the community and from the staff. In describing the term "reasonable cost", the Board framed its own definition by identifying the key elements to be considered. These elements were derived from the key messages **inspired** from the community as well as the Board's own reflection:

The Regional Health Authority – Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community. We interpret at a reasonable cost to the community to mean:

- Services provided are aligned with all the resources available to the Region (i.e. fiscal, human and physical)
- Our health care system is sustainable when it
  - provides the appropriate level of care in response to population needs of the day
  - has the capability to adapt or adjust to new and evolving realities.
- Efforts in our health care system optimize an increased sense of personal responsibility for well-being across time
- People in Central Region have timely access to medically necessary care
- People in Central Region can expect the most appropriate care, by the most appropriate providers, in the most appropriate settings.

One of the Board's jobs is to develop statements of principles and positions related to public policy and which represents the health interests of the Region's residents. This past year, the Board sought support from municipalities and local

media by asking them to write to federal MPs and provincial MLAs to ensure the federal government fulfills its campaign commitment to fund and implement the Canadian Strategy for Cancer Control.

As well, in lobbying to reinforce the need and support for the establishment of expanded training programs for nurses, lab and x-ray technologists in the Region, the Board of Directors sought support from each municipal, town and city council in the Region by asking them to write to the Minister of Health and the Minister of Advanced Education and Training. The Board has received, and continues to receive, letters of support in response to these requests.

Throughout the year, the Board invests in its governance capacity through education of its members. For example, at a workshop presented by the staff, the Board heard how staff use evidence-based practices to enhance programs and services in the Region. Another workshop focused on understanding the CEO evaluation process. This year, the Board determined to become more involved in its educational process by assigning topics to various Board members. A current focus has been to explore if and how culture and health beliefs impact on the health system. For instance, the Board heard Board Member Al Schmidt speak to various aspects of the Mennonite culture. As well, Joanne Roulette shared her perspective on Aboriginal health beliefs.

The Board's Audit Committee reviewed the results of the audit conducted by the Board's external auditors Meyers Norris Penny, for the fiscal year ended March 31, 2006 where it was reported that the RHA Central ended the year with a deficit of $2.7M. The audit indicated that the accounting systems are producing reliable financial information with reasonable assurance that the statements are "free of material misstatement". The auditors affirmed that the financial statements present fairly, in all material aspects, the financial position of the RHA Central, "in accordance with Canadian generally-accepted accounting principles".

Mr. Neil Walker advised the Board he was stepping down as Chief Executive Officer (CEO), effective July 31, 2006 to become Chief Operating Officer, Markham Stouffville Hospital in Ontario. The RHA Central has been fortunate over the last four years to have Neil provide strong leadership in our Region. His vision and relentless quest for excellence became the cornerstones on which the organization successfully restructured. Together, Neil and the RHA Central Team have worked diligently to enhance relationships with municipal and community leadership, partner agencies and Manitoba Health to create an environment which supports the vision of helping people in Central Region be as healthy as they can be. We are very appreciative of his many contributions and we wish Neil well.

A Recruitment Committee of the Board has been established to search for a new Chief Executive Officer. Mr. Helmuth Klassen is the Acting CEO until such time as a permanent CEO is hired.

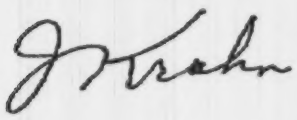
Again this year, we would like to commend the entire staff, physicians and volunteers for their successes during the year in meeting standards as demonstrated by the accreditation process. In spite of a challenging environment and constant pressures, these individuals continue to demonstrate Integrity, Caring and Excellence.

I would also like to convey my deepest regard to the members of the Board for their service during the past

year; I am indebted for their dedication, loyalty, and sage advice. Having fulfilled two consecutive terms and six years of generous personal involvement with the RHA Central, Gérald LeMoullec retired. As well, Kelly Beaulieu finished her first term on the Board. On behalf of the organization I would like to thank both of these talented individuals for their commitment and their many contributions. We would also like to welcome new Board Member Mr. Norbert Delaquis from Notre Dame de Lourdes.

Moving ahead to next year, **inspiration** – our team and the accomplishments of this year – will be the impetus for future success.

Respectfully submitted on behalf of the
Regional Health Authority – Central Manitoba Inc.



John Krahn
Chair

BOARD ENDS – STATEMENT OF PURPOSE

April 28, 2004

The Regional Health Authority – Central Manitoba Inc. exists so that people in our Region are as healthy as they can be at a reasonable cost to the community.

A. We interpret people to be INDIVIDUALS who are as healthy as they can be. In order of priority, this includes, but is not limited to:

A.1 INDIVIDUALS are aware of and demonstrate healthy lifestyle behaviours.
- A.1.1 INDIVIDUALS experience physical wellbeing
  - A.1.1.1 Individuals are free from preventable illness, death and injury
  - A.1.1.2 Individuals have healthy weights.
- A.1.2 INDIVIDUALS experience emotional, spiritual & social wellbeing
  - A.1.2.1 Individuals have healthy relationships
  - A.1.2.2 Individuals experience healthy family environments
  - A.1.2.3 Individuals perceive a supportive network within their community.

A.2 INDIVIDUALS have a safe environment.
- A.2.1 Individuals have safe physical environments where they work and live
  - A.2.1.1 Individuals have safe water supplies
  - A.2.1.2 Individuals breathe healthy air.

A.3 INDIVIDUALS in need of health care experience a timely return to their optimal health.
- A.3.1 Individuals receive appropriate care
- A.3.2 Individuals are treated with dignity.

B. We further interpret individuals to include, in order of priority, the following groups: CHILDREN, ABORIGINALS, WOMEN, MEN and SENIORS.

B.1 CHILDREN are as healthy as they can be. In order of priority this includes, but is not limited to:
- B.1.2 Children have healthy growth and development
  - B.1.2.1 Children do not die in infancy
  - B.1.2.2 Children remain free from preventable death or injury
  - B.1.2.3 Children are protected from communicable diseases
  - B.1.2.4 Children are physically active
  - B.1.2 5 Children practice healthy eating.
- B.1.3 Children are born without and remain free from the harmful effects of tobacco, alcohol, drugs and solvents.
- B.1.4 Children have responsible and effective guardianship.
- B.1.5 Children have high levels of self-esteem.
- B.1.6 Children make age-appropriate and culturally appropriate lifestyle choices.
- B.1.7 Children have access to the highest educational attainment.
- B.1.8. Children feel safe in their environment.

B.2 ABORIGINALS, including First Nations, Métis and Inuit, are as healthy as they can be. In order of priority, this includes but is not limited to:
- B.2.1 Aboriginals live at least as long as other people in Central Region
  - B.2.1.1 Children and adolescents practice healthy lifestyle behaviours
  - B.2.1.2 Aboriginals will not die from complications of diabetes.

B.2.2 Aboriginals have hope and pride and dignity
B.2.2.1 Aboriginals receive psychosocial support in situations that diminish their hope, pride and dignity.

B.2.3 Aboriginals receive the services they need despite jurisdictional barriers
B.2.3.1 Aboriginals live in a healthy environment.

B.2.4 Aboriginals receive culturally appropriate health care.

B.3 WOMEN are as healthy as they can be. In order of priority, this includes but is not limited to:
B.3.1 Women have safe living and working conditions
B.3.1.1 Women are free from violence
B.3.1.2 Women have sufficient financial resources.

B.3.2 Women have good reproductive health.

B.3.3 Women are supported in their care-giving role.

B.4 MEN are as healthy as they can be. In order of priority, this includes but is not limited to:
B.4.1 Men do not suffer or die from preventable injuries
B.4.1.1 Men will make informed choices related to high-risk activities.

B.4.2 Men will have good mental health.

B.4.3 Men are free from addictions.

B.4.4 Men are educated and employed to their full potential.

B.4.5 Men will access services when they need them.

B.5 SENIORS are as healthy as they can be. In order of priority, this includes but is not limited to:
B.5.1 Seniors remain independent and active as long as possible.

B.5.2 Seniors experience an optimal quality of life
B.5.2.1 Seniors are free from abuse.

B.5.3 Seniors live in their community of choice
B.5.3.1 Seniors utilize housing appropriate to their needs.

B.5.4 Seniors have support in their care-giving role.

B.5.5 Seniors receive respect and appropriate care from their children and/or their community.

C. We interpret at a reasonable cost to the community to mean

C.1 Services provided are aligned with all the resources available to the Region. (i.e. fiscal, human and physical)

C.2 Our health care system is sustainable when it
C.2.1 Provides the appropriate level of care in response to population needs of the day
C.2.2 Has the capability to adapt or adjust to new and evolving realities.

C.3 Efforts in our health care system optimize an increased sense of personal responsibility for wellbeing across time.

C.4 People in Central Region have timely access to medically necessary care.

C.5 People in Central Region can expect the most appropriate care, by the most appropriate providers, in the most appropriate settings.

Neil Walker
Chief Executive Officer

Mr. John Krahn, Chair
Regional Health Authority – Central Manitoba Inc.

In presenting the Regional Health Authority – Central Manitoba Inc.'s (RHA Central) Annual Report for 2005-2006, I am deeply grateful for the unfailing dedication and shared commitment of all who contributed to our accomplishments. As I reflected over the past year, the notion of **"inspiration"** kept coming up. According to the dictionary, inspiration is the result of influences of thought, feelings, and life forces towards creative work and action. An exceptional group of individuals have come together in RHA Central to focus their creative energies on achieving common goals leading to outstanding accomplishments.

Inspired by...

the Board of Directors, on behalf of people in Central Region, has, by articulating organizational core values and Board ENDs, directed the positive change it sought. More than ever before, the Board's ownership linkage activities have been, and continue to be, to proactively promote dialogue with the community. From focus groups with seniors to school visits and so on, Board members have planned for and participated in a variety of events designed to reach out to various groups of people in Central Region. With this visionary approach the Board has been able to 'listen' to diverse voices in a way that reflects all aspects of the community. The Canadian Council on Health Services Accreditation (CCHSA) confirmed in its March, 2006 Survey that 'persons served within the Region feel that they are well cared for and are listened to'.

Inspired by...

our staff's unmatched determination and spirited teamwork. Every day in Central Region, a team of over 3,000 health care providers and volunteers live and share our core values of ***integrity, caring and excellence***. With their relentless efforts, they knit these values into their everyday practices by demanding high ethical and professional standards, acting with compassion and concern for the wellbeing of others and continuously striving for improvement, in this way they are weaving the social fabric for a vibrant, future-focussed organization.

Inspired by...

the commitment to continuously improve the safety and quality of care provided to the public. The accreditation survey conducted through the Canadian Council on Health Services Accreditation (CCHSA) took place at the end of the fiscal year in March, 2006. Measuring our performance against Canada-wide benchmarks for health care organizations, RHA Central achieved an award by meeting the required standards and criteria. More importantly, we worked together as teams, measuring ourselves and planning for improvement.

The RHA Central was commended by the CCHSA for the establishment of the Spiritual Care Advisory Committee. "The RHA sees faith and spirituality as part of the continuum of care and the work of the committee has been done to create a strong link between health, healing, and the whole person. The combination of the model for spiritual care, the standards that the committee has built based on the CCHSA standards, and the holistic philosophy of care that the committee embodies... was seen as a leading practice in Canada... and as an excellent example of addressing the continuum of care in a collaborative and effective way."

Inspired by...

our communities that challenge assumptions and conventional practices and thus create opportunities and possibilities beyond traditional problem solving. From implementing Chronic Disease Prevention Initiatives in communities such as in Sandy Bay First Nation, Amaranth, Altona and Winkler to developing Primary Health Care models such as the French

Language Mobile Teams, many people in Central Region strive to develop collaborative responses to problems that impact on community well-being. Continuing this collaboration between community and RHA Central is a critical success factor for the future.

Inspired by...
the prospects of having people in Central Region as healthy as can be. New therapies, treatments and state-of-the-art equipment in the Region promise relief and offer hope. And yet, while the fast-paced advances in medicine are emerging, we know that our ultimate destination is a place where we would be able to control and manage our own basic, everyday health care. Central Region has the potential to implement exemplary Primary Health Care models in most communities. The RHA Central officially supports the principles and framework for Enhancing Interdisciplinary Collaboration in Primary Health Care, an approach to primary health care reform that encourages teamwork and collaboration among health professionals.

The RHA Central is a strong organization that has developed an excellent reputation in the province. We have developed tremendous momentum as we strive toward helping people in Central Region be as healthy as they can be. We have a strong leadership team, dedicated, highly-skilled staff, excellent physicians, and tremendous volunteer and community support and it is this collective that inspires and forms the strength of the organization.

Penning this message, my last as CEO of the Regional Health Authority – Central Manitoba Inc., I feel blessed to have had the opportunity to work with talented, creative and dedicated people. It has been an **inspirational** journey and a great privilege. I derive a great sense of comfort in knowing that the RHA Central is in great hands and I believe that it is positioned to deliver against its' strategic goals. I wish all much success.

Respectfully submitted,

Neil Walker
Chief Executive Officer

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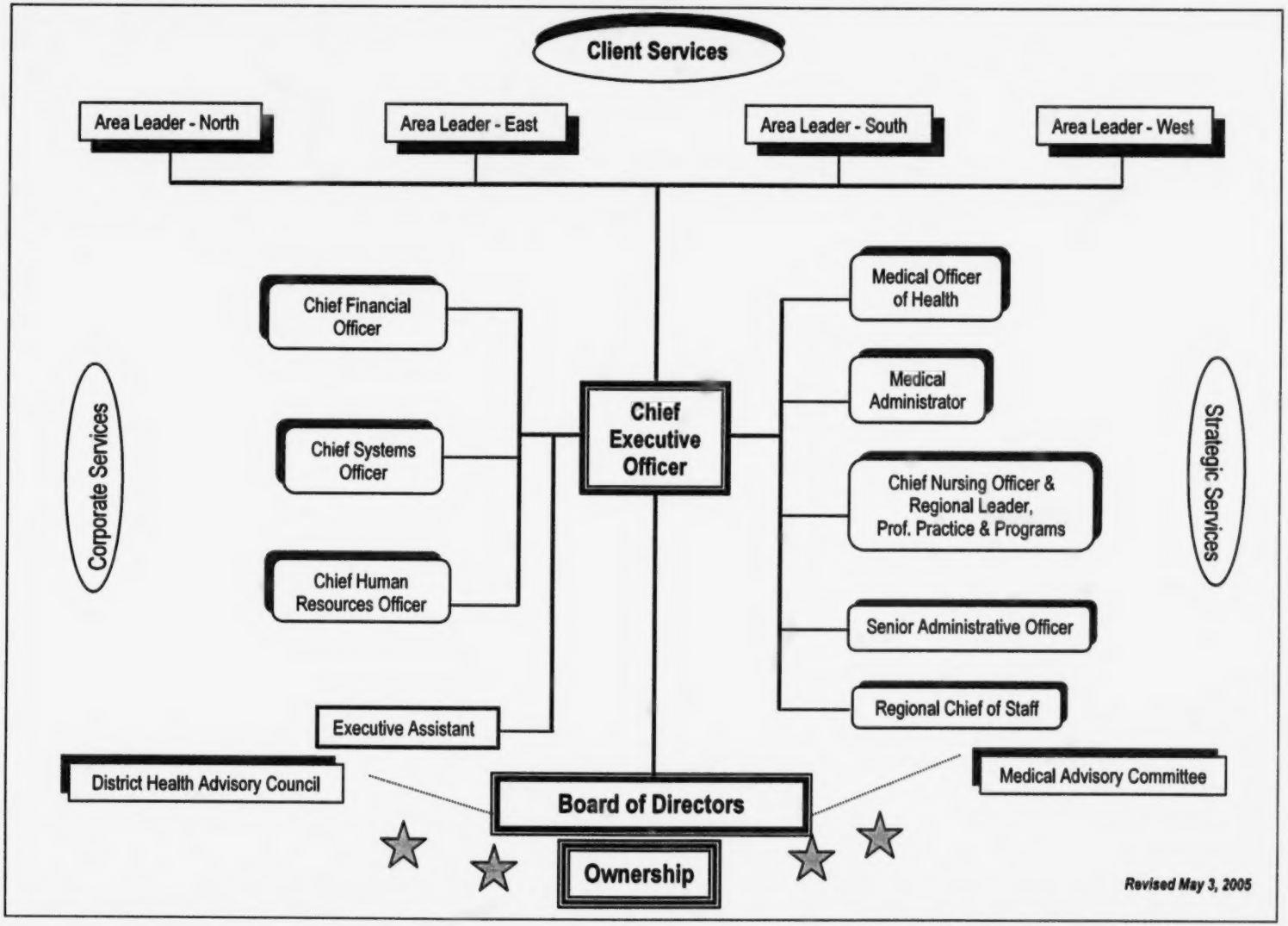


MANAGEMENT

NEIL WALKER	Chief Executive Officer
KEN KLASSEN	Chief Financial Officer
CLAUDETTE LAHAIE	Senior Administrative Officer
DR. SHELLEY BUCHAN	Medical Officer of Health
MARTIN MONTANTI	Chief Systems Officer
JIM HUNTER	Chief Human Resources Officer
HELMUTH KLASSEN	Medical Administrator
DEBBIE NELSON	Chief Nursing Officer & Regional Leader, Professional Practice and Programs
DR. DENIS FORTIER	Regional Chief of Staff
CAROL HILDEBRAND	Area Leader – East
WINNIE PAUCH	Area Leader – North
LORINDA SCHRAMM	Area Leader – South
JACQUELINE THÉROUX	Area Leader – West

PROGRAMS/SERVICES LEADERS

ABORIGINAL SERVICES – Jennifer Baker

BUDGETING/AUDITS – Dale Jamieson/Kathy Klassen

CHILD & ADOLESCENT HEALTH – Jane Curtis

- Children's Therapy Initiative – Debbie Iverson

CORPORATE COMMUNICATIONS – Lorraine Grenier

CRITICAL CARE/MEDICINE /SURGERY – Eileen Vodden

DIAGNOSTIC SERVICES – Mark Anderson

EMERGENCY MEDICAL SERVICES – Larry Skoglund

FRENCH LANGUAGE SERVICES – Lorraine Grenier

HEALTH INFORMATION – Shelley Barnes

HEALTHY LIVING – Jane Curtis

HUMAN RESOURCES

- Human Resources Officer – Jenn Sager-Hlady
- Occupational Health & Safety – Bev Wood
- Aboriginal Recruitment & Retention – Jessica Selby
- Labour Relations – Ardith Rothwell

INFORMATION TECHNOLOGY – Shaun Twist

MENTAL HEALTH – Jan Marie Graham

NUTRITION & FOOD SERVICES – Jane Curtis

PALLIATIVE CARE – Paulette Goossen

PAYROLL – Sheldon Hildebrand

PHARMACY SERVICES – Shawn Bugden

PHYSICAL RESOURCES & ENVIRONMENTAL SERVICES/WORKPLACE HEALTH & SAFETY/ SECURITY – Terry Hills

PRIMARY HEALTH CARE – Jennifer Baker

QUALITY IMPROVEMENT/RISK MANAGEMENT – Kristine Svendsen

REGIONAL REHABILITATION – Sheila Hay

SENIORS' HEALTH – Bev Boyd

SPECIAL PROJECTS – Carol Garnham

STAFF DEVELOPMENT – Kim Dyck

WOMEN'S HEALTH – Mary Smith

COMMUNITY LEADERS

EAST	**Altona**	**Community Integrated Health Services Leader** – Edith Calder *Altona Community Memorial Health Centre*
	Emerson	**Community Integrated Health Services Leader** – Paulette Goossen *Emerson Health Centre*
	Morris	**Community Integrated Health Services Leader** – Brad Street *Morris General Hospital* *Red River Valley Lodge*
	Rosenort	**Community Integrated Health Services Liaison** – Grace Klassen
NORTH	**Gladstone**	**Community Integrated Health Services Leader** – Dorothy Doell *Seven Regions Health Centre* *Third Crossing Manor*
	MacGregor	**Community Integrated Health Services Leader** – Sharon Stewart *MacGregor Health Centre*
	Portage	**Integrated Client Services Leader (Acute, Mental Health & Public Health)** – Pat Nodrick **Integrated Support Services Leader (Portage)** – Terry Hills **Portage Seniors' Integrated Client Services Leader** – Bev Boyd *Douglas Campbell Lodge* *Lions Prairie Manor* *Portage District General Hospital*
SOUTH	**Crystal City/ Pilot Mound**	**Community Integrated Health Services Leader** – Pam King * *Prairie View Lodge* * *Rock Lake Health District Hospital* * *Rock Lake Health District PCH*
	Manitou	**Community Integrated Health Services Leader** – Sandra Dobson/Linda Pearce *Pembina Manitou Health Centre*
	Morden/Winkler	**Integrated Client Services Leader** – Linda Buhr **Integrated Support Services Leader** – Kristy Radke *Boundary Trails Health Centre* * *Tabor Home Inc.* – Sherry Hildebrand * *Salem Home Inc.* – Sherry Janzen * *Eden Mental Health Centre* – Les Zacharias
WEST	**Carman**	**Community Integrated Health Services Leader** – Julie Hesketh/Sylvia Ptashnik *Carman Memorial Hospital* *Boyne Lodge*
	Notre Dame	**Community Integrated Health Services Leader** – Cheryl Harrison *Foyer Notre Dame* *Notre Dame Hospital*
	St. Claude	**Community Integrated Health Services Leader** – Mona Spencer *St. Claude Health Centre (Hospital/Pavilion)*
	Swan Lake	**Community Integrated Health Services Leader** – Kristal McKitrick-Bazin *Lorne Memorial Hospital*

* CONTRACT HEALTH CORPORATIONS

THE YEAR IN REVIEW

"An exceptional group of individuals have come together in RHA Central to focus their creative energies on achieving common goals leading to outstanding accomplishments."

Inspired to meet our goal of greater integration along the continuum of care as part of a regional health system.

- The Children's Therapy Initiative Common Intake System was initiated in January, 2006. All referrals for therapy services for clients are now sent through one intake area and then referred to the most appropriate service provider.
- A standard protocol for pre-school wellness fairs was developed along with a common data collection and reporting form.
- Doctors are more integrated in the decision process through the regional Medical Advisory Committee.
- Program medical leaders form part of the program team that influence decisions on patient care.
- Outreach speech/language services are now offered to pre-school students in some sites. The program emphasizes a collaborative service delivery model that includes parents, instructors and children, fostering an integrated and functional approach to speech and language facilitation. Access to the program can be made through a family physician or local public health nurse.
- The Region has been working successfully with local school divisions to facilitate the development of policies designed to ensure the provision of healthy food options to our school-age population. Intergenerational nutrition programs were also provided, involving high school students and seniors, in learning how to prepare healthy meals. A Healthy Lunches program has also been initiated.
- RHA Central, Rock Lake Health District, Assiniboine Regional Health Authority and Brandon Regional Health Authority, through collaborative efforts, worked extensively throughout this past year to co-sponsor "Camp Bridges" at Circle Square Ranch in Austin, Manitoba from June 2 – 4, 2006. This experience has been designed to provide a safe, supportive and fun camping event for grieving children and teens. Over $15,000 was raised to support this event.

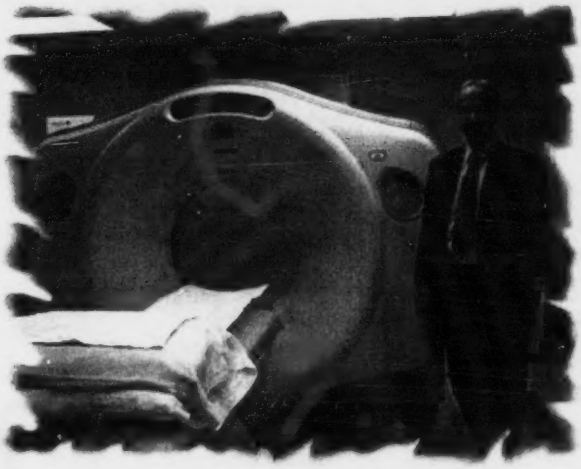
- In keeping with our health promotion priorities, the Region has hosted several healthy lifestyle sessions, offered by our registered dietitians. These educational sessions are open to the public and focus on eating and living healthy to prevent the onset of cardiac disease and diabetes.
- Families First Home Visitor training was provided for home visitors.
- The Applied Suicide Intervention Skills Training (ASIST) program was offered in Central Region communities.
- A public health nurse office is now located within the St. Claude Health Centre as of January, 2006. This service will also provide monthly education to expectant and new moms at the "Moms and Tots" sessions at the St. Claude Children's Centre.
- The Region partnered with the Division scolaire franco-manitobaine to provide French Speech Language Pathology services to French-speaking clients.

- Central Region participated in a pilot project with Hutterite Colonies for the Manitoba Collaborative Project for the Prevention of Early Childhood Tooth Decay.
- A Women's Health Day was held in conjunction with the Mobile Breast Screening program and a pilot project of a nurse practitioner providing pap tests.
- Healthy living classes have been developed and offered to clients in the Region who require information on nutrition/healthy living.
- MacGregor Community Services offices held their grand opening at a new location next door to the health centre. This has enabled the Community Health Integrated Services Leader to work closer with community services staff . The programs provided from this centre include speech, Healthy Baby, mental health, income assistance services as well as public health, home care and Families First offices.
- Ongoing meetings are held with First Nations communities to enhance understanding of quality care provision to the First Nation people and to share information.
- Official opening ceremony and introduction to services of the CT Scan took place in September, 2005 at the Portage District General Hospital. This provides clients a closer option for scans. Refreshing of the lab and imaging area followed the construction phase of the CT area which is still ongoing. Installation and operation of the CT scanner and PACS system at Portage District General Hospital (PDGH) has provided a more effective and efficient access and integration to diagnostic imaging services within the Region.

Allow yourself to be inspired.
Allow yourself to succeed.
Dare to excel.
Vince Dente

- Sharing Circle by Telehealth started in Portage for dialysis clients.
- Emergency Medical Services (EMS) continues to integrate into the acute care system. In most sites, EMS is assisting in lab/imaging as well as assisting on wards and emergency rooms. As well, EMS is continuing with public education sessions throughout the Region related to the first aid, safety programs, and Emergency Response Information Kit (ERIK).
- Integration of the Portage District General Hospital (PDGH) and Boundary Trails Health Centre (BTHC) PACS systems has provided better integration of diagnostic services and patient care within the Region.
- The Electronic Health Record Strategic Plan was endorsed and initiated.
- IT infrastructure, technology and processes were added to help support new and existing health-related services and initiatives.
- More secure secure, seamless and reliable access to electronic information throughout the continuum of care:
  - Remediation of Local Area Networks (LAN's)
  - Improvement of Wide Area Network (WAN) access speeds
  - Integration of the Region's local area networks (LAN's) and remote access capabilities that allow employees to access their information anywhere anytime.
  - Improved protection of the Region's data-related assets through the implementation of localized and centralized daily rotational backup solutions.
  - Improved protection of the Region's data-related assets through the addition of automated antivirus and operating system updates and monitoring tools.

Inspired to meet our goal of accountability, responsibility and integration at the local level as well as at the regional level.



- The Portage District General Hospital (PDGH) diagnostic services created an extended service model by increasing the number of on-site hours of staffing availability. The newly-created evening shift allows faster access to on-site diagnostic services for both emergency and in-patient cases.
- Manitoba Health Web Registry access deployed to Health Information Services and acute care registration.
- Implementation of the Manitoba Health DPIN-HIST application to all previous DPIN-ER acute care sites.
- Medical Staff By-Laws were revised and are pending approval.
- Disaster preparation and revisions of plans were an ongoing task at many sites within the Region.
- Community stakeholders meetings are held throughout the Region with sector representatives. The purpose of these meetings is to provide opportunities for information sharing, problem-solving, and planning around issues of mutual concern.
- Deliberations are being pursued with Salem Home Inc. regarding the establishment of Supportive Housing in Winkler.

Left to right: John Buhler, John Krahn (RHA Central Chair), Bonnie Buhler, Tim Sale (Minister of Health), Lorinda Schramm (Area Leader – South), Ivadell Sigurdson (Boundary Trails Health Centre Foundation Chair) & John Kuhl (Campaign Chair)

- Boundary Trails Health Centre Foundation hosted the MRI fundraising kick-off dinner in honour of John and Bonnie Buhler on October 28, 2005 at the Morden Recreation Complex. Mr. And Mrs. Buhler presented the Foundation with a $1.5 M donation to launch the campaign. On May 3, 2006, Honorable Tim Sale, Minister of Health visited Boundary Trails Health Centre to share the official announcement for the Boundary Trails Health Centre MRI.
- Partnerships are occurring in the Region in regards to pandemic planning.

Inspired to meet our goal of developing a structure supporting community identity with local administrative leadership.

> ***"Enthusiasm is excitement with inspiration, motivation, and a pinch of creativity."***
> **Bo Bennett**

- The Chronic Disease Prevention Initiative was launched in the Region with several communities participating in the program.
- Several communities participated in the Creating Community Wellbeing Together program.
- Regional Healthy Communities Conference was held in April, 2005 in Somerset. The Theme of the conference was "I Can, You Can, We Can Do Everything".
- Through RHA and community collaboration, the Montcalm Health Centre construction was completed and a Grand Opening ceremony took place on June 24, 2005. Public health, home care, services to seniors and Families First health services are now grouped together in one location. Other itinerant services include mental health and a dietitian. This has enhanced accessibility for residents and improved visibility with a focus towards primary health services within the area and this community.
- Various sites across the Region initiated Teen Volunteer programs.
- Implementation of Cultural Sensitivity education for all new staff to the Region.

Inspired to meet our goal of having a structure that will be ready to respond to future fiscal and human resource challenges and is essentially cost-neutral.

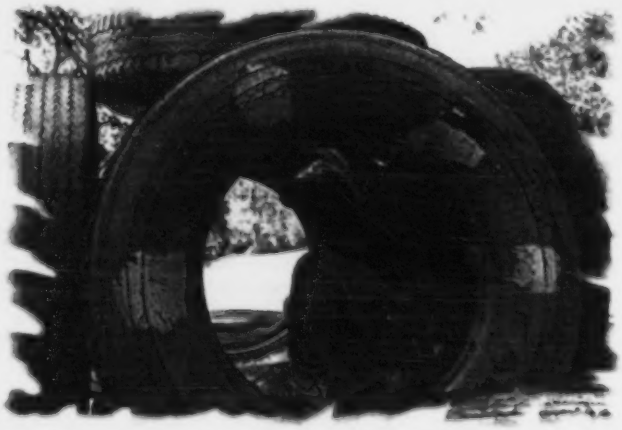
- Central Region played host to several health care students throughout the year, including physicians, nurses, clinical dietitians, health care aides, etc. These student placements are anticipated to have a positive impact on future recruitment efforts throughout the Region.
- Several communities hosted very successful Health and Wellness Fairs featuring local health and fitness businesses, massage therapy, sample fitness classes and nutritional counselling.
- The Region is participating in a pilot project, "Place aux jeunes" under the direction of the Economic Development Council for Manitoba Bilingual Municipalities/*Conseil de développement économique des municipalités bilingues du Manitoba* (CDEM), where active recruitment of young adults to return to their rural communities of origin, is ongoing. A specific recruitment strategy was directed to medical students.
- In the fall of 2005, three EMR courses and an EMT course were offered. Approximately 40 students in the above courses are furthering their education. Emergency Medical Services continually sees a high

turnover of staff, given the casual environment that exists in this profession. Ongoing education is critical.

Inspired to meet our goal of more rapid decision-making at the service delivery level based on corporate/regional policies and standards of practice.

- First formal year of the operationalization of the International Classification of Disease and Related Health Problems (ICD10) resulting in increased reporting capabilities form a centralized database assisting with enhanced evidenced-based decision-making, utilization and planning efforts for acute-based programs.
- Participation in and compliance with national, provincial and regional coding and abstracting standards.
- Successful recruitment of the Regional Chief of Staff led to the development of region-wide medical protocols.
- Safety and security projects across the Region were completed in response to the identified capital infrastructure needs of many of our facilities.
- Regional courier positions were established.
- An aggressive flu campaign was held this year with more emphasis on the importance of flu shots for the elderly, for children under two years of age and their caregivers and families, volunteers, ambulance attendants, ministers, occupants of elderly persons housing, senior centres, etc.
- Through support from Manitoba Health as part of the wait-time reduction initiative funding, Boundary Trails Health Centre successfully expanded its orthopaedic program to include 50 additional total hip and 55 total knee procedures, enhancing access and bringing care closer to home for residents of RHA Central.
- In response to patient access concerns pertaining to acute mental health services, mental health liaison nurse positions were created to facilitate the marshalling of resources for acutely ill mental health patients within our Region.
- Pandemic Planning Session involving Manitoba Health, Manitoba Emergency Measures Organization and RHA representatives occurred in the spring of, 2006 with representatives from rural municipalities, school divisions, town/city councils, Hutterite colonies, and healthcare facilities participated in the session. Positive feedback received from attendees.
- Portage Mental Health Services implemented a toll-free Crisis Line number for all communities in the Region.

Inspired to meet our goal of having best practice and high standards of professionalism.



- In 2005, the Region updated its smoke-free policy to ensure that we are compliant with the *Non-Smokers Health Protection Act*. In addition, the RHA instituted smoke-free distance requirements from doors and windows and eliminated smoking at all main entrances.

- Travel Health is not a funded program by Manitoba Health. To preserve our ability to deliver this program in RHA Central, the RHA re-structured its travel health clinics to make them self-sustaining. Currently, the travel health nurses are completing the training requirements for international certification to recognize our service as best practice.
- Regional Spiritual Care Consent audit developed as a best practice.
- Regional diabetes services have been expanded to include communities of Gladstone, Morris, Emerson, Sandy Bay and Rosenort. Services also now include a risk factor complication assessment of clients with diabetes, as well as a risk factor assessment for those individuals that may be at higher risk of getting diabetes. Regional Diabetes Program (RDP) training was held in Emerson for health care professionals including physicians, dietitians, pharmacists and nurses. Evaluation framework has been developed for the program.
- As part of the Injury Prevention deliverable the RHA offered the PARTY (prevent alcohol and risk-related trauma in youth) program. This program educates high school students to take responsibility for their lives as they learn about the realities and consequences that can result from risk-taking behavior.
- Public health child health clinics were standardized throughout the Region.
- Healthy Living and Child and Adolescent Program teams participated in accreditation self-assessment and interview process.

"Wealth is not a matter of intelligence it's a matter of **inspiration"**
Jim Rohn

- A Human Resource Officer with responsibilities in the areas of Occupational Health and Safety was hired in 2005 and has implemented a variety of initiatives relative to employee wellness and modified return-to-work programs. This has been well accepted by managers, unions and employees.
- Our Staff Reward and Recognition program has been expanded to include "Quality Service Awards" in addition to the current "Long Services Awards". The purpose here is to recognize those many staff who regularly demonstrate our corporate values of "Integrity, Caring and Excellence".
- Credentialing & privileging of physicians, midwives and dentists occurs annually.
- Program Medical Leaders are now participating in program planning and development.
- Surgical programs in orthopaedics and ophthalmology were expanded.
- Manitoba Health Long Term Care Standards Reviews occurred across the Region. Excellent feedback and learning was accomplished via this process. All personal care home facilities have completed their action plans in preparation for subsequent review visits in 2007.
- The Falls Prevention program, a regional initiative designed to promote the prevention, assessment and analysis of falls occurrences, was trialed.
- Public health services across our Region continue to work toward a Breastfeeding Friendly designation as set out by World Health Organization standards.
- Acute care programs across the Region have seen the development and implementation of several clinical care maps to establish consistent standards of care based on best practice.
- Computer automated occurrence reporting was established across the Region. The data entry process will provide information to allow for evaluation of risk and implementation of strategies to minimize risk as well as a method to monitor improvements to patient safety and quality of care.
- Aggression Management workshops continue for all staff across the Region.

"Just don't give up on trying to do what you really want to do. Where there is love and **inspiration,** *I don't think you can go wrong."*
Ella Fitzgerald quotes

> ***"The Past: Our cradle, not our prison; there is danger as well as appeal in its glamour. The past is for inspiration, not imitation, for continuation, not repetition."***

- The Region participated in the Provincial Total Joint Replacement (TJR) Wait Time Reduction Working Group. Manitoba Health charged representatives from the Winnipeg Regional Health Authority, Brandon Regional Health Authority, Assiniboine Regional Health Authority and Regional Health Authority – Central Manitoba Inc. with the task of identifying initiatives that will reduce wait times for TJR as stipulated in the First Ministers' Plan to Strengthen Health Care. A proposal for additional expansion of the Boundary Trails Health Centre Total Joint Replacement program was submitted to, and approved by, Manitoba Health.
- As part of this expanded Provincial Total Joint Replacement (TJR) Orthopaedic program, Central Region will be participating in the Provincial Joint Replacement Registry being coordinated through the WRHA, the Manitoba Health Wait List Management Working Group and the Tri-Regional Wait List Management Committee. The mandate of these groups is to standardize the principles for measurement and reporting of orthopaedic wait times and analyses of wait list data to facilitate comparative reporting across the regions.
- The Manitoba Breast Screening Program, delivered throughout the Region both as a mobile service and through a permanent site at Boundary Trails Health Centre, announced program changes effective October 1st, 2005. The changes allow for an increase in capacity by eliminating the clinical breast exam procedure and shifting resources to provide more mammograms each screening day. By seeing more women, CancerCare Manitoba anticipates that more cancers will be detected at an early stage thus leading to a reduction in deaths from breast cancer.
- The "Expect Respect – Promoting the Wellbeing of Seniors in our Community!" pamphlet and a Elder Abuse Resource Guide was completed and distributed. The purpose of this pamphlet and guide is to facilitate in the identification and elimination of elder abuse. In collaboration with Manitoba Seniors Directorate, the pamphlet and guide were created through partnerships between the RHA and other community organizations (i.e. services to seniors, senior centres, RCMP, financial institutions, etc.).

- Our second regional Staff Work Life Survey was conducted in the Spring of 2006.
- Through the Primary Health Care Transition Fund (PHCTF) official languages minority communities envelope, Health Canada and with extensive internal/public consultation, the RHA set forth to explore strategies for the development of Central Region's multidisciplinary bilingual mobile primary health care team in Central Region. In partnership with the *Table de concertation régionale du Centre*, a process was designed to develop an action plan for the implementation of the team. The plan would help identify, plan and implement a regional primary health care service delivery model to improve access to French language services (FLS). Needs, gaps, strengths and challenges facing bilingual primary health care services were identified and input regarding options and strategies was sought. A model was developed, validated by the *Table de concertation regionale du Centre* and an implementation team is actively taking action.
- In ongoing efforts to provide opportunities for RHA employees to enhance their skills in French, a French Language Training Pilot Project facilitated through the CCS-Resource Unit helped develop alternative distance education through CD-based and computer-based modular self-learning programs. Efforts were successful with renewed interest by staff.

- Portage Clinic, the physicians and home care are part of a Chronic Disease Initiative with Winnipeg. The study is with clients having congestive heart failure.
- The Region has increased cataract surgery procedures at Portage District General Hospital from 190 per year to 240 for residents of Central RHA.
- Portage District General Hospital is one of the first rural sites to partner with Brandon University Nursing School of Health Studies in offering student placement/ mentorship for a new course , Nursing Practice VII beginning Sept/06. The course is designed to assist students with learning about other professional roles and responsibilities in nursing that go beyond the hands-on provider role.

"Method is much, technique is much, but* inspiration *is even more."
Benjamin Cardozo

- Central Region representation on the Provincial Sight Task Force that is addressing wait list reduction for cataract surgery.
- In order to facilitate a secure and proper work and garage environment, a new Emergency Medical Services (EMS) facility was built at the Carman Hospital site.
- Emergency Medical Services continues to see an increase of activity. Since 2001/02 to 2005/06, there has been a 31% increase in call volume with 4% occurring this past year. There are no specific areas which have caused the increase, but rather, there is a general increase across the call types.
- Emergency Medical Services (EMS) received an additional two Manitoba Fleet Ambulances this year. This brings the number to 17 of the Fleet Ambulances operating in this Region. These units come to the Region with all fuel, maintenance and licensing costs covered.

A GLANCE AHEAD (APRIL-OCTOBER, 2006)

- Understanding the significance of effective hand hygiene to prevent the spread of infections, the RHA Central will be renewing and expanding its efforts to ensure a high standard of practice for handwashing. The "clean HANDS save lives" campaign will be highlighted during Infection Control Week (October 16-21) and consist of media coverage, increased access to handwashing/hand sanitizers in key areas, an education program, promotion of champions of good hand hygiene, as well as auditing our on going practices throughout the year.
- Manitoba Health client registry will be deployed and implemented.
- We anticipate the development of the electronic health record in collaboration with stakeholders including detailed business process review (BPR). Treasury Board submission is planned in conjunction with the Interlake Regional Health Authority and is targeted for November, 2006. A project team of individuals across the continuum with a goal to developing a system that will meet the needs of all has been established.
- Data quality and integrity will continue to be a major focus.
- New Rules & Regulations will be established in collaboration with the medical staff by-laws.
- The Regional Standards Committee will be implemented.
- We will continue to move services at health centres towards integration of the primary health care framework.
- Nurse, health care aide and diagnostic recruitment continues to be a challenge in long term care, acute and home care (direct service) sites across the Region. It is hoped that with the continuation of the Red River College LPN to RN training program, the Assiniboine Community College LPN Program and Health Care Aide training programs that are hosted at various sites within our Region that more nurses will be available to fill vacant positions in our rural communities.
- Transitional Care Health Education Coordinator will assist all staff by planning, developing, coordinating, implementing and evaluating education programs for employees who work with seniors in either a facility-based or community-based setting. They will help staff learn to promote a holistic approach to seniors' health and help them understand the ageing process from a psychosocial perspective so that their interventions are attuned to the elderly client and their family, as they adjust to significant lifestyle changes.
- Plans are underway for the implementation of the Regional Diabetes Program Risk Factor and Complication Assessment protocols. Partnerships with local physician clinics will be the initial focus of this venture.
- Through collaborations with the Regional Chief of Staff and local integrated health teams, the creation of physician networks in key communities will be explored.
- The Region will continue to make progress in moving the MRI Capital Project forward, with hopes of sod-turning ceremony in early spring, 2007.
- A further expansion of the Total Joint Replacement Program at Boundary Trails Health Centre will occur with the addition of another 70 procedures starting April, 2006.
- Télésanté Manitoba (TSM) project to be implemented in Central Region.
- Communications have begun with Long Plains, Manitoba Health, the federal government, INAC and RHA regarding the building of a personal care home (PCH) with possible attached assisted living unit on the reserve.
- Portage has been chosen as one of the two cities in Canada to be a part of the project Global Age-Friendly Cities. The RHA is a member of the advisory committee for the project.
- Minister of Health announcement of $1 million dollar renovation to Critical Care Services that will better enable providers to manage the volume of clients as well as modernize the departments (including addition of two observation beds).
- Discussion have been held regarding establishing a Seniors' Day Out program for the Swan Lake area.
- As of April 1, 2006, new Regulations governing Emergency Medical Services (EMS) in Manitoba came into effect. This new Regulation requires agreements to be in place for Mutual Aid, Medical First Response, Stretcher Service Access and Service Purchase Agreements for non-develolved services to be in place. Additionally, the Region now has to re-apply each year for licensure by Manitoba Health.

REPORT ON PERFORMANCE

RHA CENTRAL 2005-06 ANNUAL REPORT

BOARD END **INDIVIDUALS** in Central Region are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Individuals are aware of and demonstrate healthy lifestyle behaviours
- Individuals experience physical wellbeing
  - Individuals are free from preventable illness, death and injury
  - Individuals have healthy weights
- Individuals experience emotional, spiritual & social wellbeing
  - Individuals have healthy relationships
  - Individuals experience healthy family environments
  - Individuals perceive a supportive network within their community
- Individuals have a safe environment
- Individuals have safe physical environments where they work and live
  - Individuals have safe water supplies
  - Individuals breathe healthy air
- Individuals in need of health care experience a timely return to their optimal health
- Individuals receive appropriate care
- Individuals are treated with dignity.

2005-06 Performance Measures

In this report, we focus primarily on presenting information from the Canadian Community Health Survey to examine whether there have been any changes in health and lifestyles over the first three cycles of this survey. We also focus on the relationship between health behaviors and chronic diseases as well as satisfaction with the health care system.

For individuals, the specific performance measures include:

- Self-rated health
- Smoking
- Nutrition
- Healthy weight
- Physical activity
- Activity limitation
- Life stress
- Sense of community belonging (new for 2005)

Performance Measure SELF-RATED HEALTH

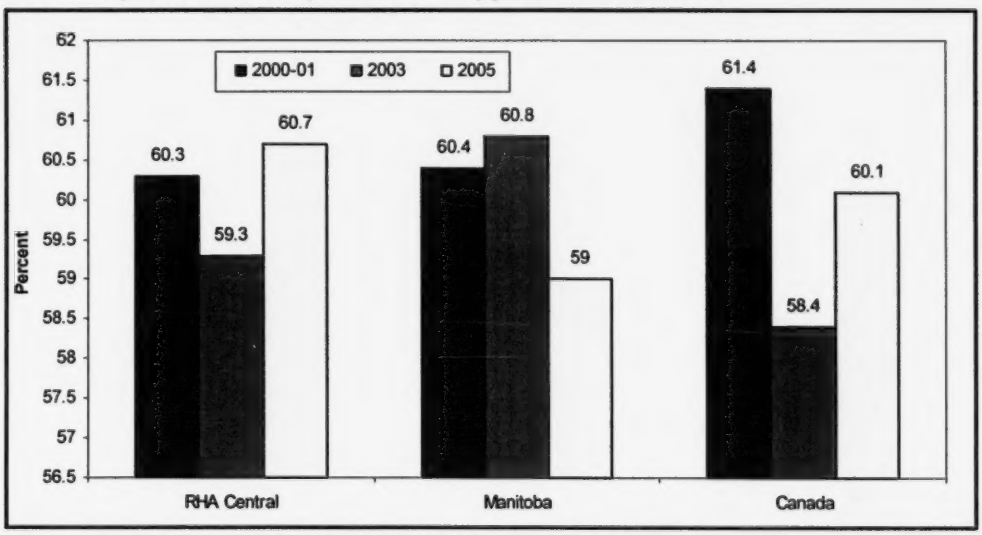
Significance of this Measure

Self-rated health status is a general indicator of the overall health status of individuals. It can include what other measures may miss, such as disease severity, some aspects of positive health status, physiological/psychological reserve, and social and mental function. This measure shows the percent of the population aged 12 and over who report that their health is very good or excellent.

Performance Highlights

As FIGURE 1 shows, in Central Region, almost two out of three residents age 12 and older rate their health as "very good" or "excellent". This rating has remained very constant throughout the last three cycles of the Canadian Community Health Survey.

FIGURE 1. Proportion of residents who report their health as "very good or excellent", 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure SMOKING

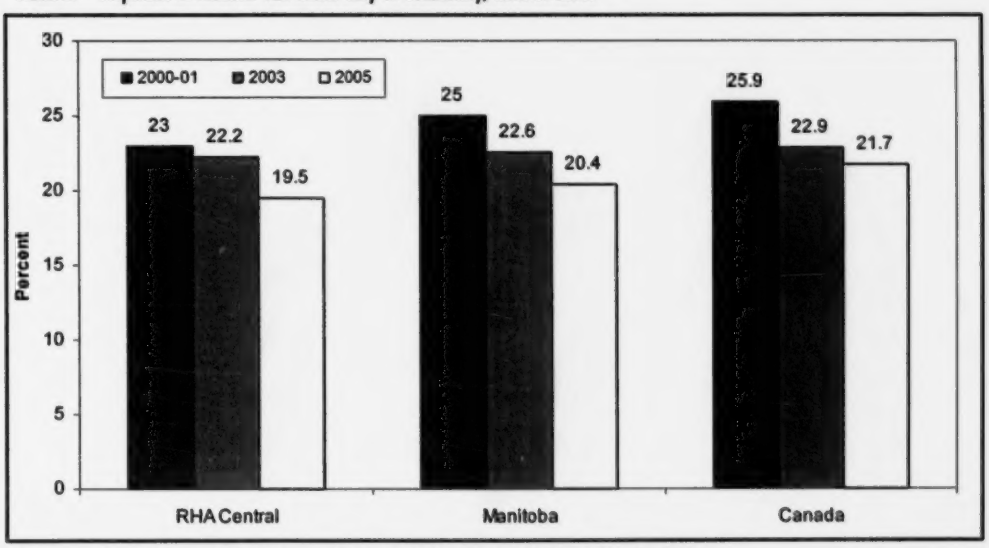
Significance of this Measure

According to the Canadian Cancer Society, more than 47,500 Canadians die each year of tobacco-related disease. Eliminating tobacco use is identified as one of the most effective ways to reduce the number of Canadians who will be diagnosed with cancer. Cigarette smoking causes about 30 per cent of cancers in Canada and more than 85 per cent of lung cancers. Smoking is also associated with other poor health outcomes such as heart disease, other lung diseases and stroke.

Performance Highlights

As FIGURE 2 shows, there is positive news in that smoking rates have been steadily declining. In just five years, the proportion of residents who smoke in Manitoba has decreased from one in four people to just over one in five. In Central Region, smoking rates in 2005 at 19.5 per cent which is lower than both Manitoba and Canada.

FIGURE 2. Proportion of residents who smoke daily or occasionally, 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure NUTRITION

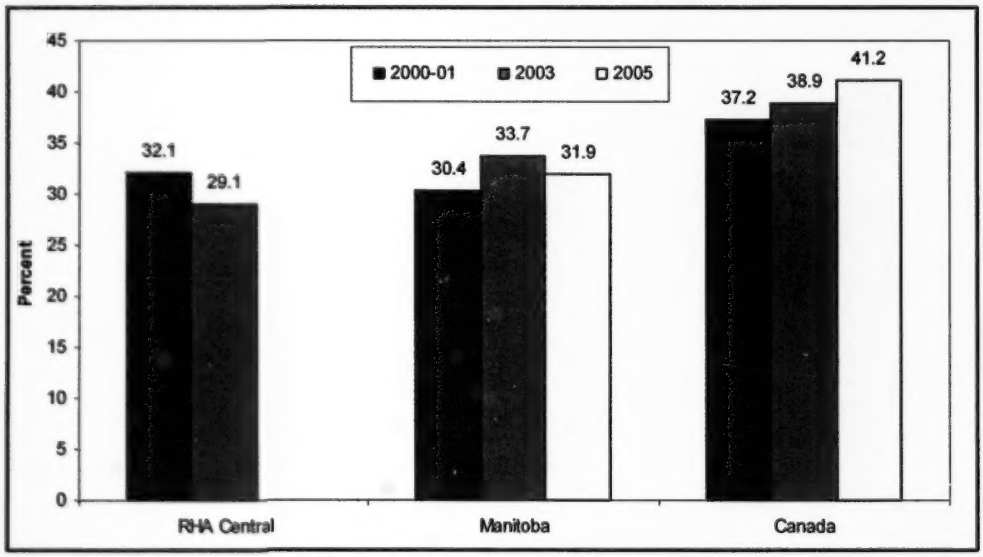
Significance of this Measure

Poor nutrition can be a risk factor in developing cancer, diabetes, heart disease, and a number of other poor health outcomes. Canada's Guidelines to Healthy Eating advises Canadians to choose lower fat dairy products, leaner meats and foods prepared with little or no fat. We can significantly reduce our intake of saturated and trans fats by avoiding commercially-fried foods and high-fat bakery products. Eating more vegetables and fruit, whole grain breads and cereals, peas, beans, lentils and nuts, will also result in lower intakes of both saturated and trans fats.

Performance Highlights

Data at the regional level was not available at the time of this report. However, we can see from the provincial figures that there has not been a great deal of progress among Manitobans in consuming at least five servings of fruits and vegetables daily. As of the third cycle of the CCHS, fewer than one in three (31.9%) Manitobans consumed the recommended amount of fruits and vegetables daily.

FIGURE 3. Proportion of residents who eat 5 or more servings of fruit or vegetables per day, 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure HEALTHY WEIGHT

Significance of this Measure

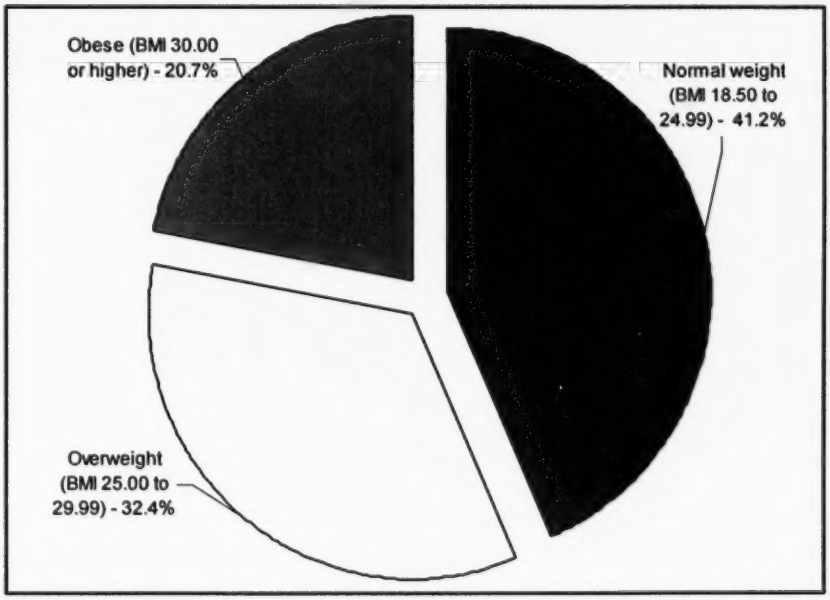
Healthy weights are an indicator of health status. International Standards use a measure of Body Mass Index (BMI) to report a measure of healthy weight in a common method of determining if an individual's weight is in a healthy range based on their height.

In April of 2005 a study of BMI and its relationship with other health determinants, as well as health outcomes, was published by Alberta Health and Wellness[1]. This report illustrated several important linkages between obesity and both the **quantity** and **quality** of our lives. According to this report, the proportion of people that are either overweight or obese increases with age until about the age of 60. After this, there is a decline and this is likely due to premature deaths among people who are overweight or obese. This study also found that people who are overweight and obese are less likely to report their health status as very good or good than people who are of normal weight. There is also an increase in self-reported health care utilization among obese residents.

Performance Highlights

The most recent cycle of the CCHS indicates that just over one in five residents (age 18 and older) (20.7%) is obese and less than half of residents (41.2%) are of normal weight (see Figure 4).

FIGURE 4. Central Region residents age 18 and older by Body Mass Index (BMI), 2005.

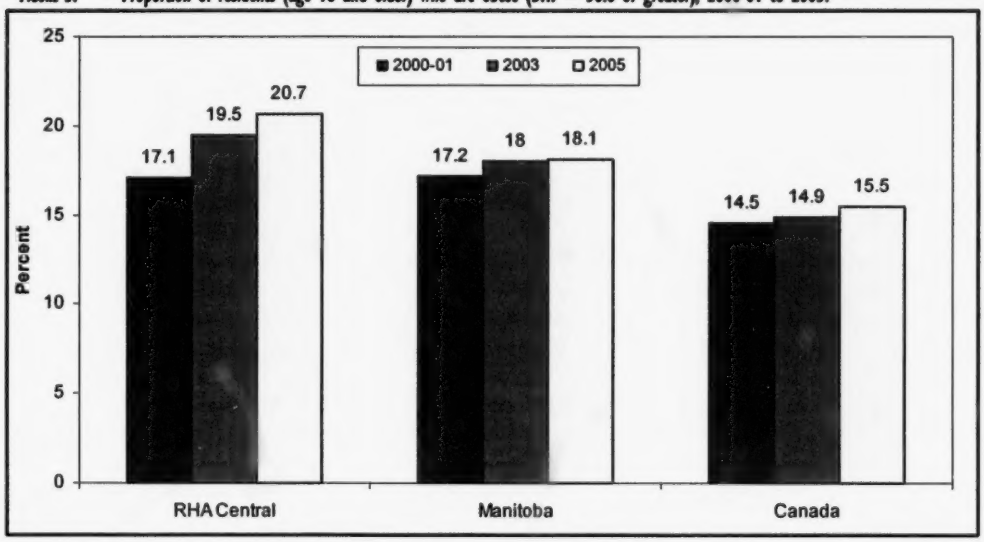


Source: Canadian Community Health Survey, Cycle 3.1 (2005).

[1] Health Surveillance, Alberta Health and Wellness (2005). Self reports body mass index and its correlates in Alberta: A portrait from survey and administrative data sources.

As FIGURE 5 shows, the proportion of Central Region residents who are obese has increased from 17.1 per cent in the first cycle of the CCHS (2000-01) to 20.7 per cent in the third cycle (2005). Although both Manitoba and Canada also have slight increases, the rate of increase is higher among Central Region residents than among Manitobans or Canadians.

FIGURE 5. Proportion of residents (age 18 and older) who are obese (BMI = 30.0 or greater), 2000-01 to 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure PHYSICAL ACTIVITY

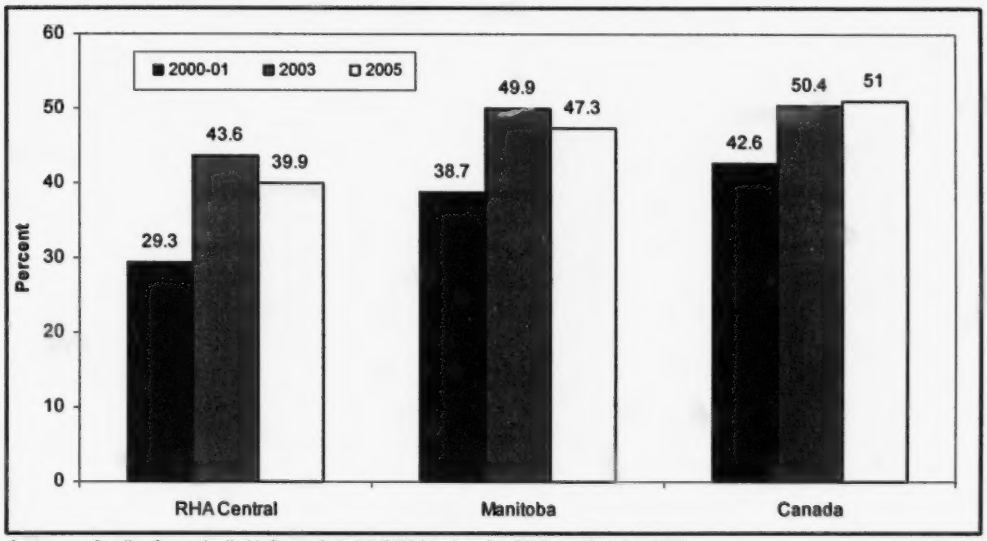
Significance of this Measure

People need to be physically active to be healthy! In fact, according to Health Canada, being physically inactive is as dangerous to our health as smoking.

Performance Highlights

Although there appeared to be a large increase in the proportion of Central Region residents who were either moderately active or active between the first and second cycles of the CCHS, there appears to be a slight decline in the third cycle. Overall, Central Region residents remain less likely to be active than Manitobans or Canadians in general (see FIGURE 6).

FIGURE 6. Proportion of residents who are either "moderately active" or "active", 2000-01 to 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure ACTIVITY LIMITATION

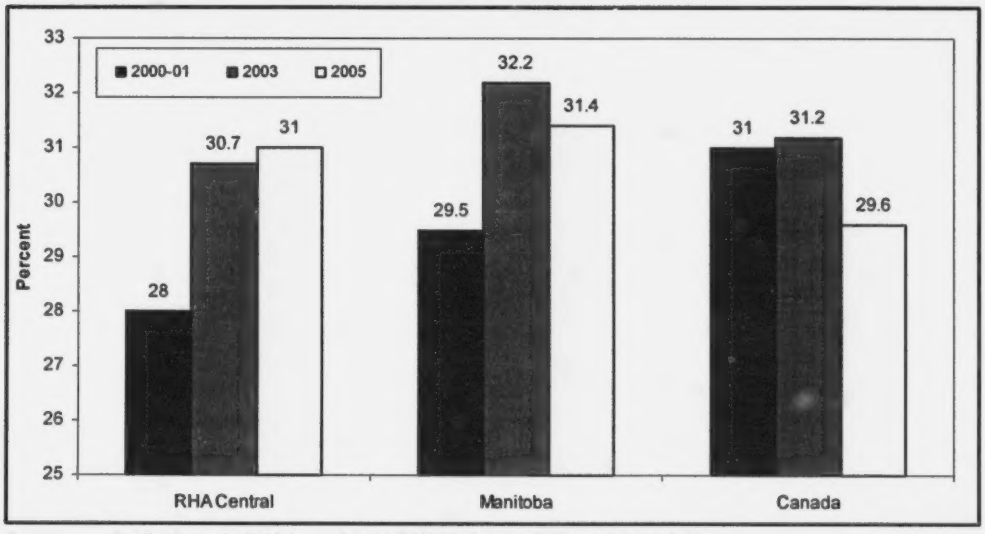
Significance of this Measure

People with activity limitations can have their quality of life significantly impacted. For example, data from the National Population Health Survey has shown that Canadians with activity limitations are more likely to have lower incomes than those people without limitations. In this measure, activity limitation refers to those people aged 12 and over who report being limited in selected activities (home, school, work and other) because of a physical condition, mental condition, or health problem which has lasted or is expected to last six months or longer.

Performance Highlights

In our Region, almost one in three residents (31%) over age 12 indicated that they had an activity limitation when interviewed for the 2005 Canadian Community Health Survey. This is an increase from our rate in the first survey cycle of 28 per cent but is similar to the provincial rate of 31.4 per cent. Within our Region, a higher proportion of women (32.3%) than men (29.6%) report an activity limitation.

FIGURE 7. Proportion of residents who have an activity limitation, 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure LIFE STRESS

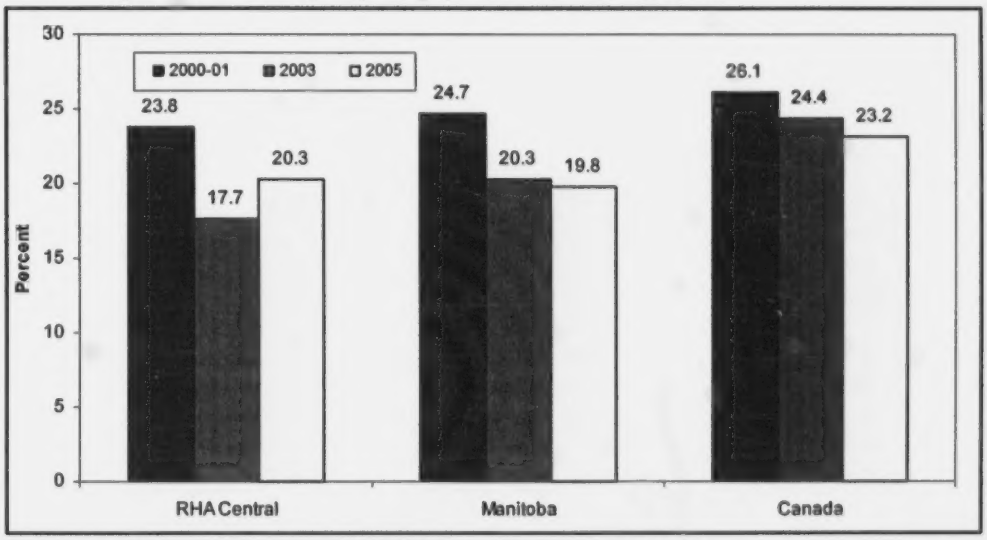
Significance of this Measure

The inability to deal with stress can have health implications for individuals. We all have stress in our lives. However, inappropriately handled stress can be devastating. Research shows that stress can lower our resistance and makes us more vulnerable to illness and disease. Increased and/or ongoing stress can cause our health to deteriorate resulting in a variety of serious physical problems.

Performance Highlights

Approximately one in five Central Region residents report experiencing "quite a lot" of life stress. Although this is lower than the rate reported in 2000-01, it is an increase from 2003 where 17.7 per cent of residents reported this level of life stress. Within our Region in 2005, self reports of "quite a lot" of life stress is higher among women (23.4%) than men (17.1%). This is opposite to the trend seen in the two previous cycles where men were more likely to report that they experienced "quite a lot" of life stress.

FIGURE 8. Proportion of residents who report experiencing "quite a lot" of life stress, 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure SENSE OF COMMUNITY BELONGING

Significance of this Measure

"Sense of community belonging" is a new indicator in Cycle 3.1 (2005) of the Canadian Community Health Survey. It is an important indicator to examine because research shows a strong relationship between sense of community belonging and physical and mental health.

Performance Highlights

In Central Region, three out of four residents (74.7%) indicated that they had a "very strong or somewhat strong" sense of belonging to their community. This is much higher than for Manitobans (65.9%) and Canadians (62.3%) overall. Within our Region, this strong sense of belonging was evident among both men and women, both at just under 75 per cent.

BOARD END **CHILDREN** are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Children have healthy growth and development
  - Children do not die in infancy
  - Children remain free from preventable death or injury
  - Children are protected from communicable diseases
  - Children are physically active
  - Children practice healthy eating
- Children are born without and remain free from the harmful effects of tobacco, alcohol, drugs and solvents
- Children have responsible and effective guardianship
- Children have high levels of self-esteem
- Children make age-appropriate and culturally appropriate lifestyle choices
- Children have access to the highest educational attainment
- Children feel safe in their environment.

2005-06 Performance Measures

- Health weights (new for 2005)
- Physical activity
- Smoking
- Alcohol consumption

Performance Measure HEALTHY WEIGHTS

Significance of this Measure

Obesity in children and youth is becoming one of Canada's most important public health issues. Obese children have a higher risk of developing serious health problems in later life, including heart attack and stroke, Type 2 diabetes, and high blood pressure. Being overweight as a child has also been found to cause psychological distress. Teasing about weight and personal appearance may affect a child's confidence and self-esteem, leading to isolation and depression.

Most experts agree that the rise in obesity among children and youth has resulted from a variety of environmental and social changes, including:

- Urban planning and design that discourage physical activity;
- Families that are very busy and rely on fast food options for meals;
- Families that do not take the time, or have the time, to engage in physical activity together;
- Schools that provide unhealthy lunch and snack options;
- School that have scaled back or eliminated physical education classes; and
- The increased use of television, computers, and video games by children.

Successful responses to this emerging epidemic will require strong local leadership to promote healthy lifestyles, including focused strategies to encourage physical activity and good nutrition.

Performance Highlights

Within our Region, 76.4 per cent of youth age 12 to 17 are considered to be in a normal, healthy weight range; this is higher than the Manitoba average of 71.8 per cent. However, this still means that a relatively large proportion of youth are in an unhealthy weight range – either over or under weight. Approximately 13 per cent of Central Region youth meet the definition for being either overweight or obese. This is an important new indicator that we will continue to monitor over time.

Performance Measure PHYSICAL ACTIVITY

Significance of this Measure

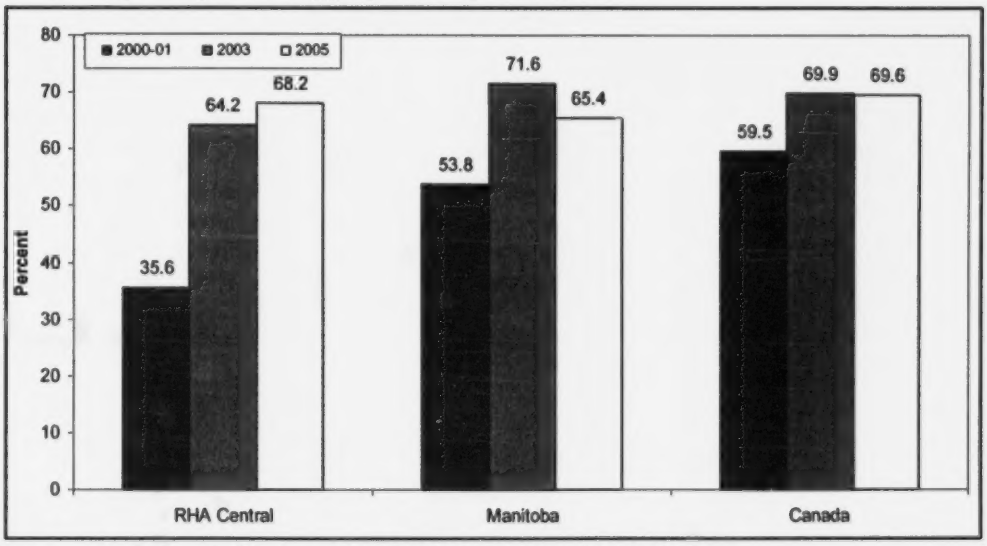
Most children enjoy physical activity, especially activities that they can do with their friends and which give them a feeling of accomplishment such as building snowman, skating or swimming. Many children are also involved in organized sports and other activities, like hockey, soccer, gymnastics, basketball and dance. However research is showing that there is a tendency for school-age children to spend more and more of their time in less active pursuits, like watching TV or playing computer/video games[2].

Research also shows that there is a relationship between physical activity and healthy eating habits. When children are active, they are more likely to feel good about themselves and to recognize when they are hungry and when they are full. This allows them to eat enough to meet their nutritional needs and have the energy they need to be active. Children who are hungry or who do not eat well are less likely to have enough energy to be active and to get involved in activities that will help them to feel good about themselves.

Performance Highlights

There appears to be a continuing upward trend for Central Region youth towards physical activity. We do not know why the reported rates of physical activity among youth was so low in the first cycle of the CCHS; however, we can see that the last two cycles report that approximately two-thirds of youth meet the criteria for being either physically or moderately active.

FIGURE 9. Proportion of youth who are "physically or moderately" active, 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

[2] Canada's Food Guide - Focus on Children 6-12 years -Background for Educators and Communicators. http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/res/focus_child-focaliser_enfant_e.html

Performance Measure SMOKING

Significance of this Measure

Among young people, the short-term health effects of smoking include damage to the respiratory system, addiction to nicotine, and the associated risk of other drug use. Long-term health consequences of youth smoking are reinforced by the fact that most young people who smoke regularly continue to smoke throughout adulthood.

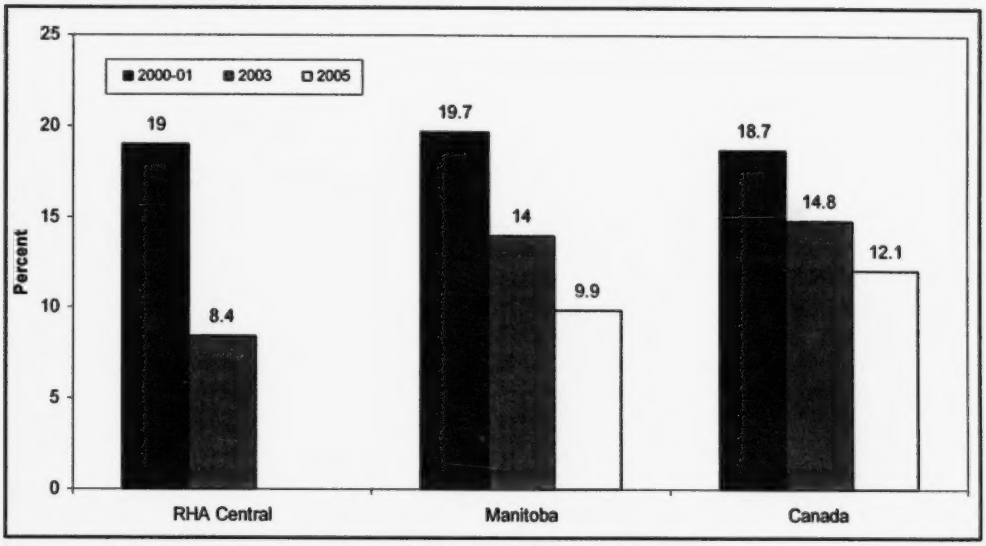
Following are some important highlights from recent research that looked at the relationship between smoking and health of young people:

- Smoking hurts young people's physical fitness in terms of both performance and endurance—even among young people trained in competitive running.
- The resting heart rates of young adult smokers are two to three beats per minute faster than those of nonsmokers.
- Among young people, regular smoking is responsible for cough and increased frequency and severity of respiratory illnesses.
- The younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine. Teens who smoke are three times more likely than nonsmokers to use alcohol, marijuana, and cocaine.
- Smoking is associated with poor overall health and a variety of short-term adverse health effects in young people and may also be a marker for underlying mental health problems, such as depression, among adolescents. Recent research among high school seniors who are regular smokers and began smoking by grade nine showed that they are:
  - 2.4 times more likely than their nonsmoking peers to report poorer overall health
  - 2.4 to 2.7 times more likely to report cough with phlegm or blood, shortness of breath when not exercising, and wheezing or gasping
  - 3.0 times more likely to have seen a doctor or other health professional for an emotional or psychological complaint.

Performance Highlights

Unfortunately youth smoking rates for Central Region youth were suppressed by Statistics Canada due to very small numbers. This can happen over a longitudinal survey because the people who first started in the survey can drop out or move so we end up with a smaller sample. In addition, we hope to see a decrease in behavior such as smoking, this reduction combined with smaller numbers of participants can sometimes lead to data that is not useable. However, we can see from Figure 10 that there is positive news in that youth smoking rates in Manitoba and Canada are steadily declining. Central Region will continue to engage with our local youth to determine if the trends seen at the provincial and national level are also evident in our Region.

FIGURE 10 . Proportion of youth age 12-19 who are regular or occasional smokers, 2000-01-2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

NOTE: *RHA Central youth smoking rates are based on very small numbers and must be interpreted with caution. 2005 numbers were suppressed by Statistics Canada due to very small numbers.*

Performance Measure ALCOHOL CONSUMPTION

Significance of this Measure

Alcohol abuse and alcohol dependence are not only adult problems - they also affect a significant number of adolescents and young adults between the ages of 12 and 20, even though drinking under the age of 18 is illegal in Manitoba.

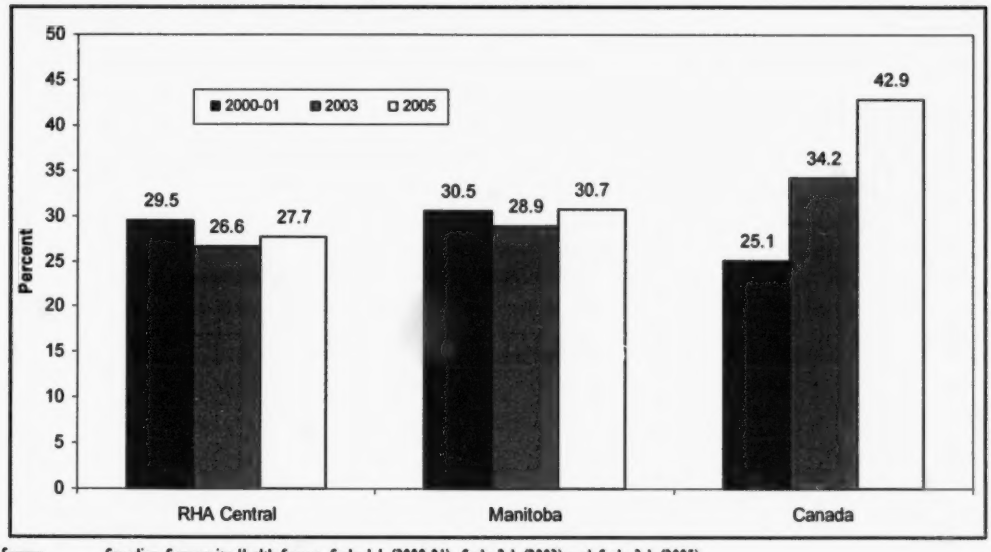
According to research by the National Institute on Alcohol Abuse and Alcoholism, adolescents who begin drinking before age 15 are four times more likely to develop alcohol dependence than those who begin drinking at age 21.

Although we cannot always be with, and monitor our children, research shows that the attitude and behaviors of parents significantly impacts whether or not our children will start consuming alcohol. Parents' drinking behavior and favorable attitudes about drinking have been positively associated with adolescents' initiating and continuing drinking. Children who were warned about alcohol by their parents and children who reported being closer to their parents were less likely to start drinking. Lack of parental support, monitoring, and communication have been significantly related to frequency of drinking, heavy drinking, and drunkenness among adolescents.

Performance Highlights

'Heavy drinking' is defined as current drinkers who reported drinking five or more drinks on one occasion, 12 or more times a year. As Figure 11 shows, heavy drinking among youth is not as rare as we would like it to be. Heavy drinking among Manitoba youth has remained at just over one in four youth for the past three cycles of the Canadian Community Health Survey. However, the positive news is that our regional rates remain lower than both the provincial and national rates.

FIGURE 11. Proportion of youth (age 12-19) who engage in heavy drinking, 2000-01- 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).
NOTE: RHA Central data for all data points should be interpreted with caution due to small numbers.

BOARD END **ABORIGINALS,** including First Nations, Métis and Inuit, are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Aboriginals live at least as long as other people in Central Region
  - Children and adolescents practice healthy lifestyle behaviours
  - Aboriginals will not die from complications of diabetes.
- Aboriginals have hope and pride and dignity
  - Aboriginals receive psychosocial support in situations that diminish their hope, pride and dignity.
- Aboriginals receive the services they need despite jurisdictional barriers
  - Aboriginals live in a healthy environment.
- Aboriginals receive culturally appropriate health care.

It is quite difficult to gain access to data that are specific to Aboriginal people. In our last two annual reports we were able to provide some specific data on Aboriginal people. At this time, we do not have further updates to that information. We will continue to work towards ongoing monitoring and data collection of important health issues for our Aboriginal residents.

BOARD END WOMEN are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Women have safe living and working conditions
  - Women are free from violence
  - Women have sufficient financial resources
- Women have good reproductive health
- Women are supported in their care-giving role.

BOARD END MEN are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Men do not suffer or die from preventable injuries
  - Men will make informed choices related to high-risk activities
- Men will have good mental health
- Men are free from addictions
- Men are educated and employed to their full potential
- Men will access services when they need them.

In the last two annual reports we focused on reporting separate indicators for men and women. In this report, we will look at some selected indicators for both men and women together to see if there are significant differences or changes over time. The focus of these indicators will be chronic diseases and updated information from the Canadian Community Health Survey.

We wanted to focus on chronic disease in this report because while they are among the most common and costly health problems facing Canadians, they are also among the most preventable. Examples include cardiovascular diseases (heart disease and stroke), cancer, diabetes, arthritis, asthma, and mental illness – many of the health behaviors that we have reported on under "Individuals" and "Children" in this report have direct relationships with these kinds of chronic disease outcomes.

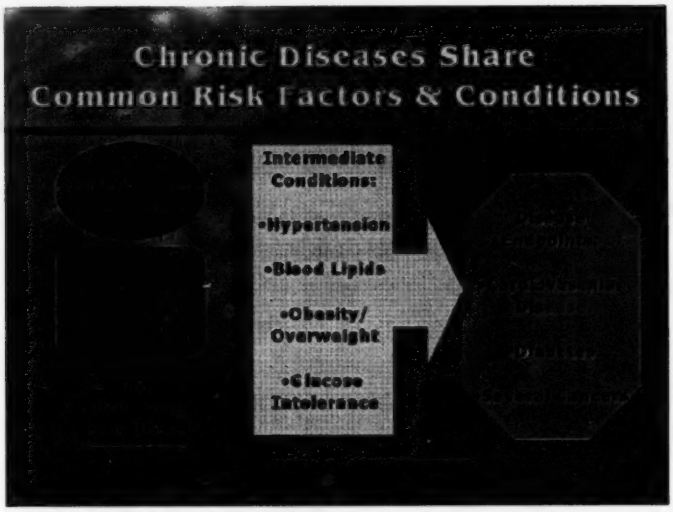
For example, according to the World Health Report 2002, the major risk factors for **individuals** in developing a chronic disease include:

- tobacco
- alcohol
- blood pressure
- physical inactivity
- cholesterol
- overweight
- unhealthy diet

There are also risk factors in **communities** that have been identified:

- **Social and economic conditions**, such as poverty, employment, family composition;
- **Environment**, such as climate, air pollution;
- **Culture**, such as practices, norms and values; and
- **Urbanization**, which influences housing, access to products and services.

The following illustration, developed by the Public Health Agency of Canada, shows the relationship between risk factors, conditions and common disease end-points:



Source: Public Health Agency of Canada, Centre for Chronic Disease Prevention and Control.

The chronic diseases examined in this section are:

- Diabetes
- Hypertension
- Asthma
- Arthritis

BOARD END WOMEN are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Women have safe living and working conditions
  - Women are free from violence
  - Women have sufficient financial resources
- Women have good reproductive health
- Women are supported in their care-giving role.

BOARD END MEN are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Men do not suffer or die from preventable injuries
  - Men will make informed choices related to high-risk activities
- Men will have good mental health
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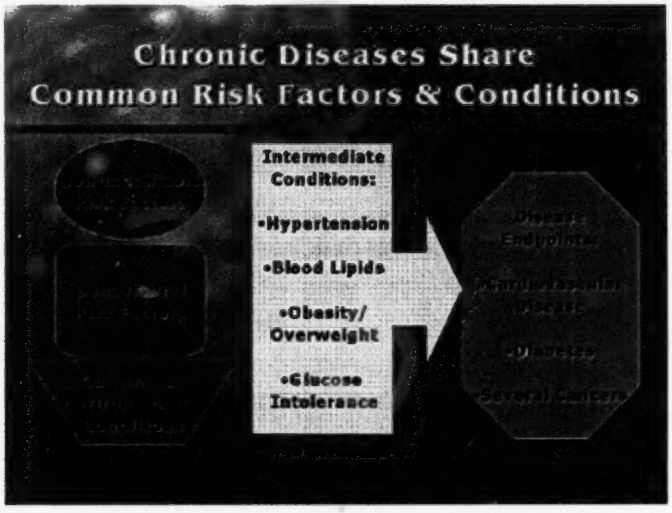


Source: Public Health Agency of Canada, Centre for Chronic Disease Prevention and Control.

The chronic diseases examined in this section are:

- Diabetes
- Hypertension
- Asthma
- Arthritis

Performance Measure DIABETES

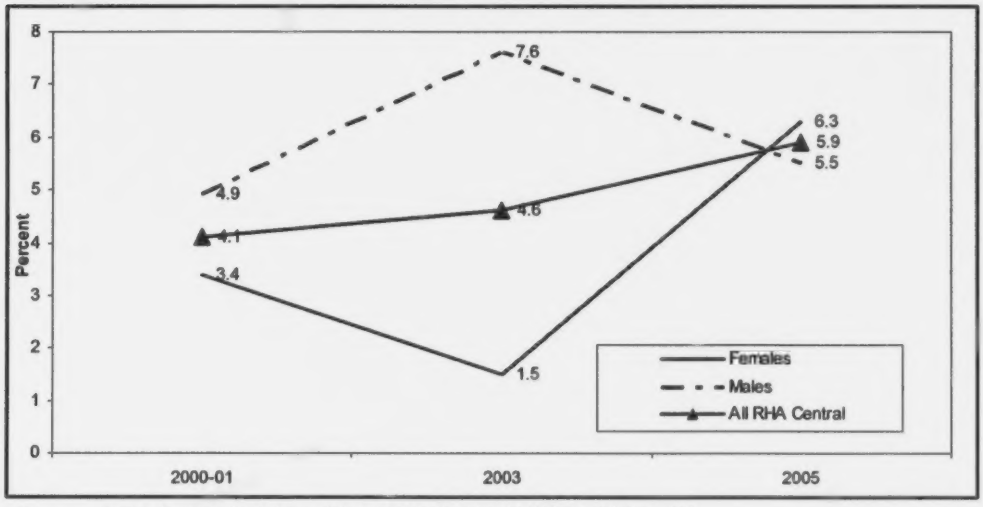
Significance of this Measure

According to Health Canada, forty per cent of Canadians with diabetes develop long-term complications such as high blood pressure, vision loss and kidney disease. Health Canada also reports that there are a disproportionate number of First Nations people who are being diagnosed with Type 2 diabetes. Rates among Aboriginal people in Canada are three to five times higher than those of the general Canadian population.

Performance Highlights

As Figure 12 shows, there has been a large degree of variation in self reported diabetes between the three survey cycles. Overall, the trend for RHA Central residents appears to be towards an increase in diabetes rates. However, when we break the data out by gender it is more difficult to determine if there are clear trends. A focus of the Region in the upcoming year will include a more detailed analysis of diabetes data from both hospitalization and physician records. We will then use the CCHS data to complement the more detailed administrative data.

FIGURE 12. Proportion of RHA Central residents who report being diagnosed with diabetes, 2000-01- 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure HYPERTENSION

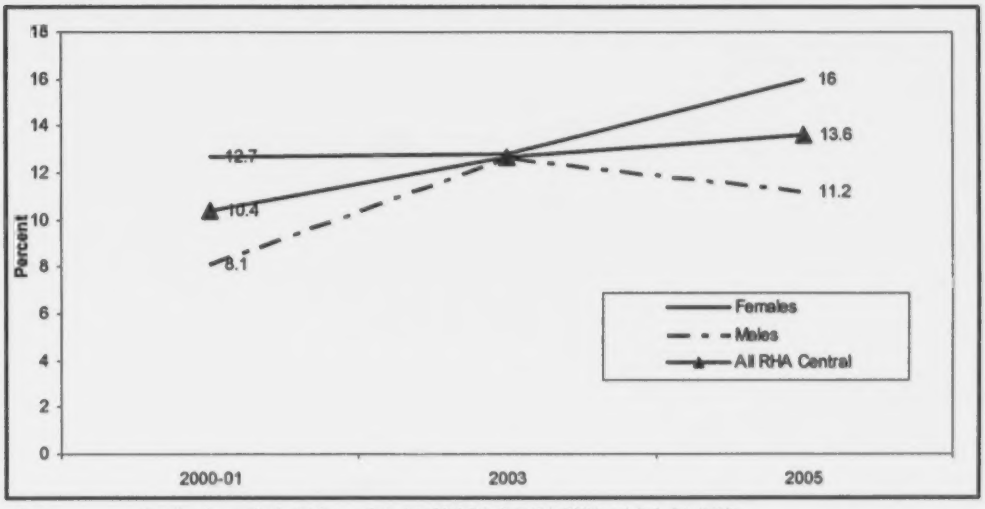
Significance of this Measure

Hypertension is the formal medical name for high blood pressure, a major risk factor for heart attack, stroke and other cardiovascular problems. Normal blood pressure is defined as a reading of 120 over 80, while hypertension is any reading of 140 over 90 or higher. It is important to note that Health Canada estimates that up to 60 per cent of persons with undiagnosed diabetes have high blood pressure.

Performance Highlights

Rates of hypertension among Central Region residents have increased from 10.4 per cent in 2000-01 to 13.6 per cent in 2005. We will continue to track this data to determine whether rates among both men and women continue to increase.

FIGURE 13. Proportion of RHA Central residents who report being diagnosed with hypertension, 2000-01- 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure ASTHMA

Significance of this Measure

The exact cause of asthma is not known, but according to the National Asthma Control Task Force, it appears to be the result of a complex interaction of:

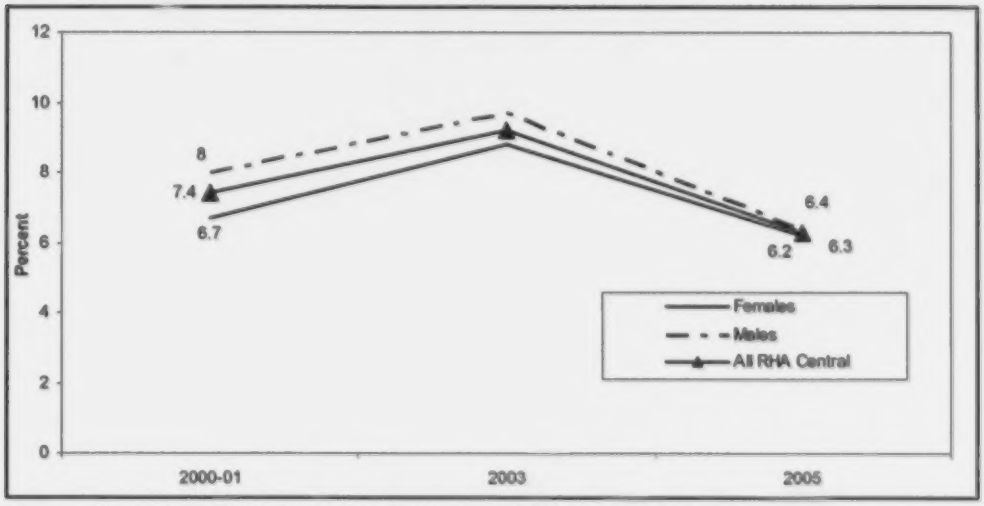
a) **predisposing factors** (such as a greater tendency to have an allergic reaction to foreign substances);
b) **causal factors**, which may sensitize the airways (such as cat and other animal dander, dust mites, cockroaches, workplace contaminants); and
c) **contributing factors**, which may include cigarette smoke during pregnancy and childhood, respiratory infections, and indoor and outdoor air quality ("air pollution").

There does not appear to be very much research on the effectiveness of interventions to prevent asthma. However, it is thought that breastfeeding and avoiding the exposure of infants and young children to house dust mites, cockroaches, animal dander, and cigarette smoke may decrease the risk.

Performance Highlights

There are very small differences between men and women in rates of asthma (see FIGURE 14). Rates of asthma among men appear to be slightly higher than rates among women. We will continue to monitor this data to determine if the declining trend in asthma rates continue.

FIGURE 14. Proportion of RHA Central residents who report being diagnosed with asthma, 2000-01- 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

Performance Measure **ARTHRITIS**

Significance of this Measure

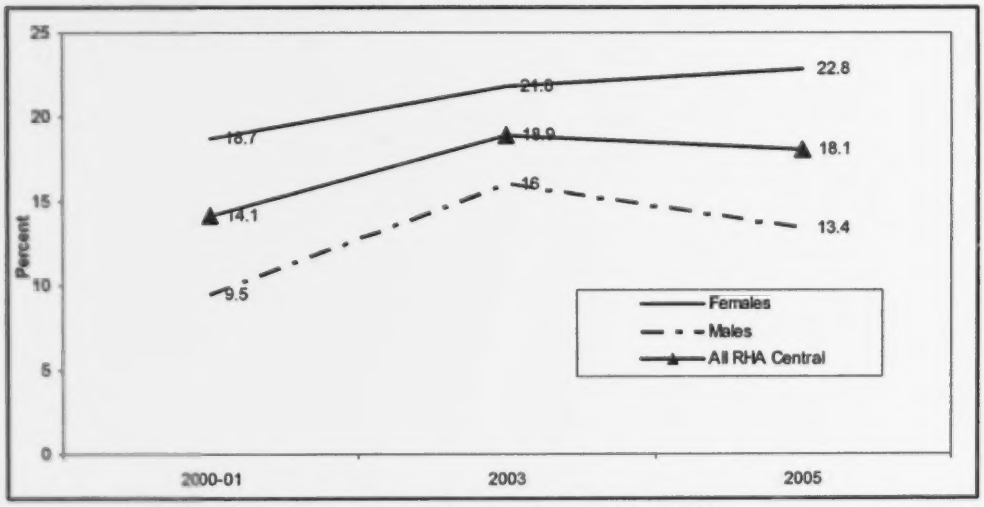
According to the Canadian Community Health Survey, arthritis and other rheumatic conditions affected nearly 4 million Canadians aged 15 years and older - approximately 1 in 6 people. Two-thirds of people with arthritis are women, and nearly 3 of every 5 people with arthritis are younger than 65 years of age.[3]

By the year 2026, it is estimated that over 6 million Canadians 15 years of age and older will have arthritis. Compared with people with other chronic conditions, those with arthritis experienced more pain, activity restrictions and long-term disability. Those with arthritis were more likely to need help with daily activities, reported worse self-rated health and more disrupted sleep and depression, and more frequently reported contact with health care professionals in the previous year.[4]

Performance Highlights

Rates of arthritis and rheumatism among our residents are increasing among all residents – however, females are impacted to a greater degree than are males. As of 2005, 22.8 per cent of females over age 12 indicated that they had been diagnosed with arthritis or rheumatism – this is more than one in every five women. Among men, the most current rate is 13.4 per cent which is lower than in the previous cycle of the CCHS (see FIGURE 15).

FIGURE 15. Proportion of RHA Central residents who report being diagnosed with arthritis or rheumatism, 2000-01- 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).

[3] Public Health Agency of Canada, Arthritis in Canada: An Ongoing Challenge. http://www.phac-aspc.gc.ca/publicat/ac/

[4] Ibid.

BOARD END **SENIORS** are AS HEALTHY AS THEY CAN BE.

OUTCOMES

- Seniors remain independent and active as long as possible
- Seniors experience an optimal quality of life
  - Seniors are free from abuse
- Seniors live in their community of choice
  - Seniors utilize housing appropriate to their needs
- Seniors have support in their care-giving role
- Seniors receive respect and appropriate care from their children and/or their community.

2005-06 Performance Measures

- Regular medical doctor (new in 2005)
- Influenza immunization
- Satisfaction with health services

Performance Measure REGULAR MEDICAL DOCTOR

Significance of this Measure

The question about whether a person has a regular medical doctor is a question that is newly available from the 2005 Canadian Community Health Survey. Respondents were considered not to have looked for a regular medical doctor if their responses included "Have not tried to contact one" or "Other reasons". All other respondents without a regular medical doctor were considered to have been unable to find one. Their responses included various combinations of the following: "No medical doctors available in the area", "Medical doctors in the area are not taking new patients" and "Had a medical doctor who left or retired".

This is a very important indicator to track, particularly for our senior population as we know we need more medical care as we age. In addition, some research has shown that establishing an ongoing relationship with a regular medical doctor is important in maintaining health and ensuring appropriate access to health services.

Performance Highlights

Just over 91 per cent of Central Region residents age 65 and older indicated that they had access to a regular medical doctor. This is lower than the averages for Manitobans at 94.3 per cent and for Canadians age 65 and older (95.2%).

Performance Measure INFLUENZA IMMUNIZATION

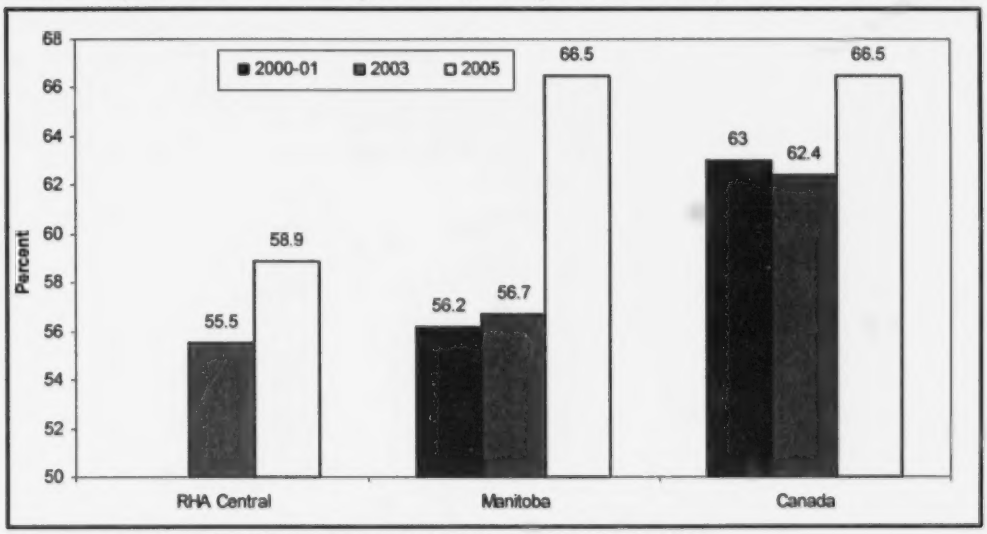
Significance of this Measure

Certain groups are at increased risk for serious complications from the flu (influenza). These groups include people age 65 years and older, and people of any age with chronic medical conditions. Immunization for diseases such as pneumonia or influenza is an important preventative measure and has a direct link with avoiding hospitalization and death in the 65+ age group.

Performance Highlights

Data from the first cycle of the CCHS regarding influenza shots for seniors is not available. However, we can see that the most recent cycles of the CCHS indicate that just over half of residents age 65 and older reported having had an influenza vaccination ('flu shot') within the previous twelve months. These rates are lower than for both the provincial and national averages (see FIGURE 16)

FIGURE 16. Proportion of RHA Central residents age 65+ who report having had a 'flu shot' in the previous 12 months, 2000-01- 2005.



Source: Canadian Community Health Survey, Cycle 1.1 (2000-01), Cycle 2.1 (2003) and Cycle 3.1 (2005).
NOTE: RHA Central data was not available for 2000-01.

Performance Measure SATISFACTION

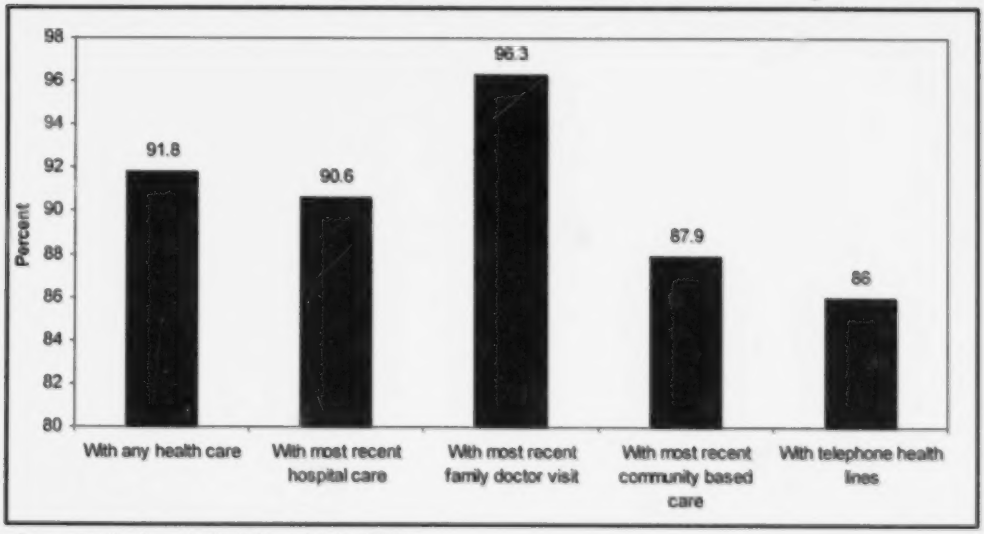
Significance of this Measure

Meeting the health needs and expectations of senior residents in our Region is a priority. RHA Central is currently under taking an ownership linkage exercise with senior residents in selected communities of our Region. This involves meeting with seniors to determine if the Region is meeting their health needs and expectations as well as to solicit further feedback about their requirements for health care and support services. The results from the consultations with seniors will be presented to the RHA Board in the fall of 2006. In the meantime, we have reviewed information from the 2005 Canadian Community Health Survey to find out about satisfaction with health services among senior residents throughout Manitoba. Although data were not available specific to Central Region, satisfaction information on a provincial level is valuable because it gives us an idea of the experiences of many seniors who access services both in and out of our Region.

Performance Highlights

As FIGURE 17 shows, in general Manitoba seniors are very satisfied with their experiences with healthcare services. Over 96 per cent of seniors indicated that the most recent interaction with their family physicians were good or excellent and over 90 per cent of seniors who have required hospital-based care rated it as good or excellent. Although more than four of five seniors rated community-based care and telephone health lines (TeleHealth in Manitoba) as good or excellent, these services were less likely to receive the highest levels of satisfaction. We will continue to investigate further how these services can be improved and best meet the needs of Central Region residents.

FIGURE 17. Proportion of Manitoba residents age 65+ who rate their level of satisfaction with health services as "good" or "excellent", 2005.



Source: Canadian Community Health Survey, Cycle 3.1 (2005).

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

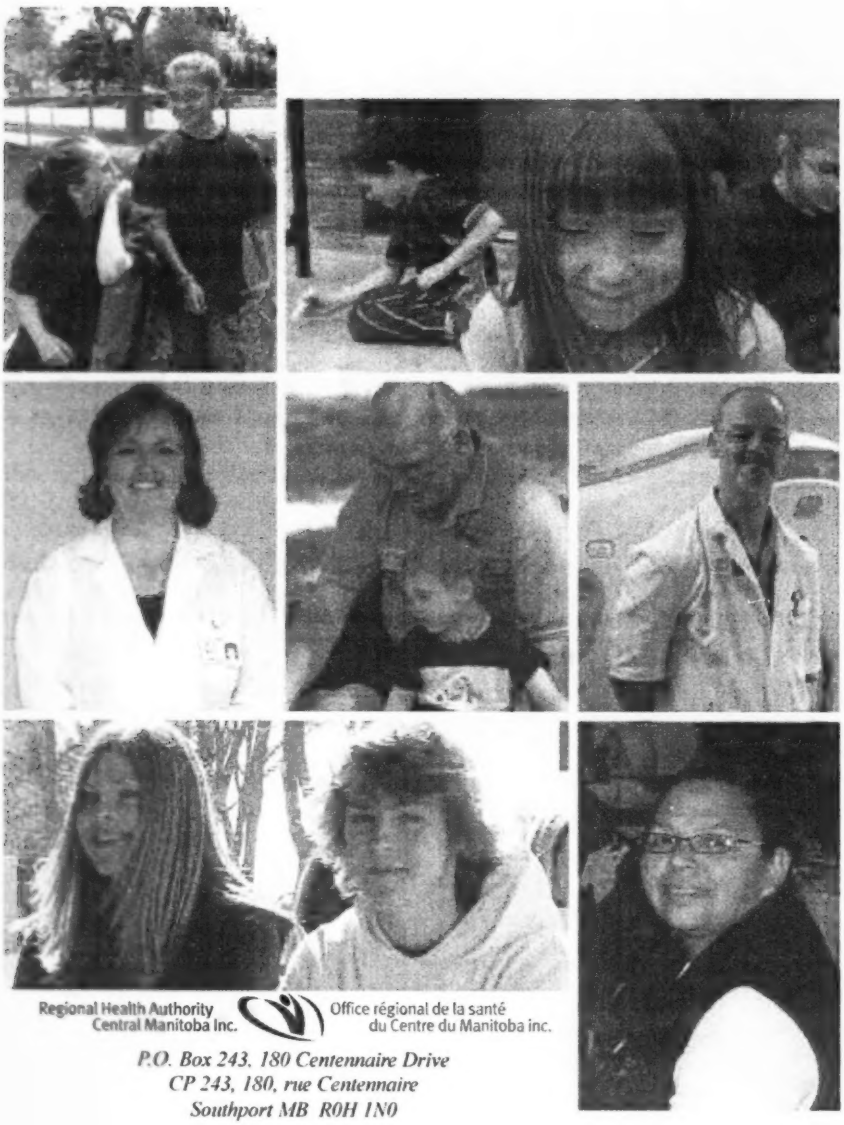
	2006	2005
ASSETS		
CURRENT		
Cash and short term investments	$ 7,052,227	$ 10,236,990
Accounts receivable, net	1,182,781	1,194,474
Accounts receivable - Manitoba Health	1,945,523	522,748
Inventories	1,254,134	1,118,926
Prepaid expenses	782,976	409,724
Due from Manitoba Health - vacation entitlements	7,775,928	7,775,928
	19,993,569	21,258,790
NON-CURRENT		
Due from Manitoba Health - retirement entitlements	9,106,000	9,106,000
Capital assets	85,506,870	82,164,448
Other assets	154,700	149,093
	$ 111,761, 139	$ 112,678,331
LIABILITIES, DEFERRED CONTRIBUTIONS AND NET ASSETS		
CURRENT		
Accounts payable and accrued liabilities	$ 9,157,553	$ 8,868,944
Accrued vacation entitlements	9,087,862	8,366,206
Current portion of long term debt	185, 071	162,993
	18,430,486	17,398,143
NON-CURRENT		
Accrued retirement entitlements	9,641,516	8,966,900
Long term debt	2,981,516	3,172,181
	12,622,742	12,139,081
DEFERRED CONTRIBUTIONS		
Expenses of future periods	2,560,833	2,734,987
Capital assets	77,765,873	77,539,278
	80,326,706	80,274,265
NET ASSETS		
Invested in capital assets	1,665,662	1,345,868
Contract facilities	966,821	1,095,308
Internally restricted	276,773	276,773
Unrestricted	(2,528,051)	148,893
	381,205	2,866,842
COMMITMENTS AND CONTINGENCIES		
	$ 111,761,139	$ 112,678,331

STATEMENT OF OPERATIONS

	2006	2005
REVENUE		
Manitoba Health	$ 133,224,727	$ 126,090.953
Other government departments	1,335,383	1,570,307
Non-global patient and resident income	11,528,301	11,182,184
Other income	5,248,013	4,923,761
Amortization of deferred contributions - operating	2,295,573	129,791
Amortization of deferred contributions - capital and foundations	4,376,623	5,257,854
Interest and donations	287,690	296,689
Ancillary operations	2,066,423	2,131,360
	160,362,733	151,582,899
EXPENSES		
Acute care services	56,481,830	51,491,041
Long term care services	43,017,691	41,138,748
Medical remuneration	10,673,128	10,342,028
Community-based therapy services	1,893,466	1,497,976
Community-based mental health services	7,310,070	7,437,055
Community-based home care services	14,675,845	14,031,757
Community-based health services	6,063,690	5,780,764
Land ambulance	4,895,856	4,641,751
Regional Health Authority undistributed	9,467,185	8,176,790
Pre-retirement leave	1,762,336	944,278
Amortization of capital assets	4,573,611	4,564,407
Major repairs	449,065	640,056
Capital Grants	-	200,000
Donations to foundations	22,000	22,000
Ancillary operations	1,803, 435	1,862,930
	163,089,316	152,771,581
DEFICIENCY OF REVENUE OVER EXPENSES	(2,726,583)	(1,188,682)
ALLOCATION OF EXCESS (DEFICIENCY) OF REVENUE OVER EXPENSES		
Capital and donations to foundations	$ (668,053)	$ (168,609)
Interest and donations	287,690	296,689
Ancillary operations	262,880	268,430
Prior years' funding adjustments	-	695,786
Health care operations	(2,609,100)	(2,280,978)
TOTAL	$ (2,726,583)	$ (1,188,682)

A complete set of financial statements, auditor's reports and the statement of public sector compensation disclosure can be obtained from the Regional Health Authority – Central Manitoba Inc. by submitting a request letter to:

CHIEF EXECUTIVE OFFICER
REGIONAL HEALTH AUTHORITY – CENTRAL MANITOBA INC.
BOX 243, 180 CENTENNAIRE DRIVE
SOUTHPORT MB R0H 1N0



Regional Health Authority
Central Manitoba Inc.

Office régional de la santé
du Centre du Manitoba inc.

P.O. Box 243, 180 Centennaire Drive
CP 243, 180, rue Centennaire
Southport MB R0H 1N0